CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

6 January 1996

Croydon gets Searle support package

Protocol failure slated in BBC Radio report

C&D hits the Internet with 'dotPHARMACY'

Pharmacy Update gains CPP accreditation

Risk factors in pharmacy – an NPA perspective

Chemex moves to new venue for September

MMC acts to limit Nutricia on price rises

£3 MILLION SAYS EVERYBODY'S GETTING EXCITED ABOUT NUROFEN COLD & FLU.

Our current TV campaign means even more customers for you – and a dog's life for other cold treatments.

COMMENT

Happy New Year! In this first issue of 1996, we are pleased to announce two new initiatives which will further enhance *C&D's* value to subscribers. Firstly, *C&D* has gone live on the Internet to provide a mixture of up to the minute news and important reference information (see p5). Our second initiative is in the area of continuing education, where *C&D* has gained accreditation from the College of Pharmacy Practice for **Pharmacy Update**. Over a 12-month period, pharmacists will be able to clock up a minimum of 30 hours' CPP accredited distance learning (see p4).

Continuing education (CE) for pharmacists is not mandatory ... yet. However, keeping the knowledge-base acquired at university up to date is widely accepted as an important professional obligation. The RPSGB suggests pharmacists should undertake a minimum of 30 hours a year of CE, but has shied away from making it mandatory. This situation could change dramatically in 1996. The DoH has proposed that contractors' Terms of Service should include a requirement for ten hours' CE from April. PSNC is waiting to see draft legislation. How this is to happen, in what format and how it is to be monitored has yet to be determined: the realities may lead to delays.

While the Society rightly argues that it should have its 'kitemark' on any accredited CE, this is only likely to happen if it is self-financing. This, in turn, is unlikely to be the case until contractual terms make it necessary. It is time the Society took the initiative. There is an increasing number of course providers in the market, and little in the way of quality control. However, we are confident that the material we offer is of a consistently high standard, and will obviously keep pace with any changes the CPP or the RPSGB might impose to ensure standards are maintained.

CHEMIST & DRUGGIST

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CHEMIST & DRUGGIST

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REGULARS

A new learning opportunity through Pharmacy Update

Chemist & Druggist has gained accreditation for its **Pharmacy Update** distance learning for pharmacists from the College of Pharmacy Practice.

Appearing in the first and third issues of every month will be a number of features carrying the College logo. They will be linked to a set of multiple choice questions (MCQs) carried in the second issue of the following month, designed to test knowledge uptake and retention.

Each feature will indicate how many hours of continuing education it is worth. There will be at least three hours every month. Completion of the 12 monthly modules will provide a minimum of 30 hours' continuing education, sufficient to meet the Royal Pharmaceutical Society's suggested annual target of 30 hours.

The first set of MCQs will appear in *C&D* February 9. Full details of the marking system, which will give a means of verifying a pharmacist's participation, will be provided shortly.

C&D has always sought to provide a comprehensive package for its community pharmacist subscribers, and our move to gain accreditation for **Pharmacy Update** keeps us at the forefront of developments in this area. Accreditation of **Pharmacy Update** is a natural extension of the Cambridge Counterpart Pharmacy Assistants Course, co-sponsored by Whitehall Laboratories, which has been running monthly in *C&D* since last June.

Submissions sought for BPC papers

Submissions of papers for this year's British Pharmaceutical Conference pharmacy practice research sessions are now being sought.

The sessions will be held on September 10-11th at the 133rd Conference, which is to be held in Glasgow, and will allow the presentation of original work relating to all aspects of pharmacy practice. As such, the results should have a practical relevance and application.

For further details, contact Sylvia Daly at the Royal Pharmaceutical Society on 0171 735 9141 or voicemail 0171 820 3399 ext 276. The closing date for submissions is April 17.

Croydon benefits from Searle training support

Searle Pharmaceuticals is spearheading an educational initiative in Croydon in a joint venture agreed through the local pharmaceutical committee.

As an extension of an existing educational support scheme for doctors called Searlecare, the company has decided to take it one step further, says medical editorial manager Karen Tait. "We feel that community pharmacists need the support and this is obviously something we can offer them."

Under the pilot project, all 72 pharmacists within Croydon Family Health Services Authority are to be offered a range of Searle-funded educational services. Pharmacists will choose from a list of five suggestions at a meeting next week, although all services will be available if the demand is there.

The first option is to offer all contractors an in-pharmacy health video library consisting of in-house Searle titles and pharmacist-requested topics. The service will be free, although pharmacists may elect to charge a small deposit to ensure return of borrowed videos, says Croydon LPC chairman Andrew McCoig.

The participating pharmacists could also receive a *Colour MIMS Index* to aid identification of branded tablets. In addition, Searle is prepared to print and publish practice leaflets; provide information technology training in word processing, Windows and accounting; and give training in how to handle the new system of complaints procedures.

Feedback from Croydon pharmacists will determine whether the project is expanded. "If it is successful, then the intention is to look at where it would be useful," says Ms Tait.

Mr McCoig says the project is very much a partnership approach and he is hopeful of an "excellent" attendance at next week's meeting.

"It's a very bold project and, as there are no cost implications for pharmacists involved, I am eagerly anticipating what the response is going to be," says Mr McCoig.

Boots' 'product specific' ads return

Boots the Chemists has started re-running its 'product-specific' national press advertisements, which triggered disapproval from pharmacy bodies when first run nearly two years ago.

At the time, the advertisements featured recent POM to P switches, stating that they were available from Boots. The National Pharmaceutical Association complained to the Advertising Standards Authority in May, 1994, over such an advertisement for Pepcid AC, saying the advertisement was misleading, by implying that the product was only available from Boots (*C&D* May 7, 1994, p754).

The ASA's view was that it was very unlikely that people would come to this conclusion.

The last such advertisement ran in June, 1994, but a similar format has re-appeared, this time featuring Upjohn's Regaine. A Boots' spokesperson explains the hiatus is simply due to a lack of high-profile POM to P products being launched in the intervening period.

Colette McCreedy, head of NPA public relations, says: "The NPA is very disappointed to see Upjohn supporting Boots so heavily through this type of advertising when there are over 10,000 other outlets which could sell this product for them."

- Boots has introduced its own brand nicotine smoking cessation patches and gum. Both lines are currently being advertised in the national press.

1996/97 pay claim focuses on productivity

The 1996/97 NHS remuneration claim will focus on contractors' productivity, says the Pharmaceutical Services Negotiating Committee.

The claim was finalised at last month's PSNC meeting and, with the exception of working capital and cost increases, will stress the fact that contractors have to dispense more scripts for less cash.

PSNC chairman David Sharpe points out in the latest edition of *PSNC News* that the number of prescriptions dispensed since 1987/88 has risen by 29 per cent, while remuneration per prescription, once it has been adjusted for inflation, has dropped by 27 per cent.

- PSNC is to spend two days this week in a Birmingham hotel discussing strategy.

The meeting, to be held on January 8-9 before the normal PSNC meeting, will be a chance for the organisation to get together, "recharge batteries" and look at past and future negotiations, says the Committee's secretary Stephen Axon.

City FHSA unveils LIZ community projects

City & East London Family Health Services Authority has secured money from the London Implementation Zone for community pharmacy projects.

The first scheme involves 15 pharmacists offering prescribing advice to GPs. Locum fees will be paid for five training days, with sessional fees for monthly practice visits yet to be agreed with the local pharmaceutical committee. The scheme will be up and running from March.

The second, backed with £20,000 of funding, will expand pharmacists' role in supporting patients with mental health problems. Although still in its developmental stages, FHSA pharmaceutical adviser Portia Omo-Bare says that areas multidisciplinary steering groups are considering include: specific dispensing and information services within nine community pharmacies; community psychiatric nurses requesting pharmacist involvement in medication review; pharmacists visiting homes and day centres to provide advice on mental health drugs; and instalment dispensing for patients.

Their first task will be to complete an audit on mental health services, which will attract a further payment.

Which? blasts pharmacists' advice – again

Incorrect drugs or advice were given in nearly half of pharmacies visited by covert *Which?* researchers, reveals the Consumers' Association magazine's latest investigation.

In a survey of 50 pharmacies around the UK published this week, investigators revealed that the wrong OTC medicine was sold in 14 out of 30 cases and in 15 instances patients were not referred to a GP.

Stating that pharmacies can't cope with the "sheer pace of change" in the OTC sector, *Which?* asked for named drugs or advice for five complaints:

- Nurofen requested by a woman on methotrexate – seven out of ten pharmacies sold the product, with no questions asked in two cases and failure to query asthmatic status in 40 per cent
- Canestan requested by woman who had not used the product or experienced thrush before, who also had lower stomach pain, an indicator of pelvic inflammatory disease – GP referral in one case, no questions asked in two instances and in 60 per cent the cream variant was sold, "the least effective preparation".
- Tagamet requested by a middle-aged man with his first indigestion attack, also on Phyllocontin – product sold in two out of ten cases, an alternative in seven cases and one GP referral
- patient returned from Far East with recurring diarrhoea lasting several weeks – GP referral in seven out of ten cases, in two no referral and Imodium sold
- patient on amitryptyline requesting something for hayfever – terfenadine sold in five out of ten cases, with two pharmacists aware of amitryptyline use.

Which? senior editor Charlotte Gann says: "The service is still not up to scratch. We want conclusive evidence that pharmacists are giving out the right advice." She adds that, until the organisation's concerns have been fully addressed, it will "oppose any further switches of medicines off prescription".

The Royal Pharmaceutical Society says it does not agree with all the report's conclusions, in particular criticism of the level and content of advice given and the provision of products "that it would have been perfectly proper for the pharmacist to supply in all the circumstances".

The Society believes it shows the public could have confidence in pharmacists, "who were clearly asking for more information from people requesting a medicine by name". But it is concerned where pharmacists are not asking any questions of people requesting OTC medicines.

The National Pharmaceutical Association's director, Tim Astill, agrees that there is room for improvement, but points out that the ibuprofen and methotrexate interaction is "pretty rare", with most pharmacists having to look this up.

He adds: "Some 80 per cent of pharmacists refused to sell Tagamet. I wonder how many other retailers would refuse a sale?"

Mr Astill welcomed the CA's advice to consumers to ask questions in the pharmacy. "We accept that the pharmacist and assistant should ask questions, but equally there is an obligation for customers to do the same."

The report comes hot on the heels of a Radio 4 'You and Yours' report, which indicated pharmacy protocols are not being employed adequately. According to the programme, only 18 out of 40 pharmacists asked any questions when reporters requested Diflucan One or Do-Do tablets.

WWHAM questioning was used in only one of 40 pharmacies, with less than half asking any appropriate questions at all.

John Ferguson, RPSGB secretary and registrar, defended the figures on air, saying reporters had asked for the products by name, in which case one or two questions are needed, rather than the full WWHAM procedure.

He expressed concern at the findings, but added that protocols were a professional, not a legal requirement, which had only been in place for a year.

The Society is to redouble its efforts to improve compliance via more publicity in the pharmaceutical press and through Society inspectors and Branches.

Mr Ferguson hopes the new pharmacy standards tribunal will not be needed, as he does not wish individual pharmacists to be made examples of.

Surf's up: *Chemist & Druggist* launches onto the Internet

Chemist & Druggist is now live on the Internet World Wide Web, with a mixture of news, comment and reference data of interest to community pharmacists and industries which are allied to the profession.

Internet 'surfers' will find the site at *dotpharmacy.com* (or *dotpharmacy.co.uk*) – one of a number of specialist '*dot*' sites presented by business magazines within the Miller Freeman publishing group.

At launch, dotPHARMACY has news highlights from the latest issues of *C&D*, supplemented by stories which break after the week's issue has gone to press. This will give *C&D* the opportunity to brief pharmacists immediately on topics such as the recent contraceptives scare or (as last week) the Radio 4 'You and Yours' report (see story above).

Reference material includes advice on training requirements, exhibitions, conferences and fairs, and details of *C&D's* features programme. Letters and classified advertising are among other sections available now.

E-mail facilities are also available via *chemdrug@dotpharmacy.com*, and feedback on the site will be welcomed.

YPG to champion the employee pharmacist

The Young Pharmacists' Group has revealed its plans for 1996 will focus on the workload of employee pharmacists.

"I think we need to look at where we stand because it seems to me that employees are being ripped off left, right and centre," says YPG chairman Andrew Burr.

With this in mind, the organisation intends referring cases where Code of Ethics guidance is disregarded to the Royal Pharmaceutical Society's law department. It is also asking employee pharmacists to provide evidence of conditions which compromise their ability to offer a quality pharmaceutical service. The YPG has pledged to undertake practice research on this issue.

Other tenets for '96 are:

- to campaign for a national system requiring pharmacists to report adverse drug reactions, in order the recognise the profession's input
- to pressure health authorities and the Government to act on professional guidance issued by the Society, such as the prescribing of SR and MR preparations
- to ensure record attendance of candidates at this year's YPG Hustings in Walsall on April 20-21.

Topical Reflections

Does the pharmacist really exist?

So far this January, because of the current winter epidemic, cold and flu remedies have dominated my OTC sales. I would never wish my customers real ill health, but the occasional epidemic does wonders for my stockturn!

Cough mixtures and kitchen sink remedies rule this market, but it can be difficult for counter staff to differentiate between the conflicting claims of the various products. Quite rightly, Dotty asked me to explain to the girls the basis of my recommendations. I found that, whereas I was easily able to deal with the variations in formulation, I became increasingly unable to rationalise the conflicting information provided to customers who wish to seek further professional advice.

My principal concern was the number of products where the word 'pharmacist' never even appeared! No mention of 'consult your pharmacist' was printed on Beechams All-in-One (Smithkline Beecham), Day Nurse (SB again), Vicks Action and Vicks Medinite (Procter & Gamble), Flurex and Meltus (Seton) or Robitussin (Whitehall). Yet one of the best and most prominent instructions saying 'For professional advice on medicines consult your pharmacist' appeared on the GSL Hedex Headcold tablets from SB.

It is inconceivable to me that two products from the same stable can provide such widely disparate information as Hedex Headcold and Day Nurse, and that such a pharmacy-orientated company as Seton can completely deny the pharmacist's existence by omission on some of its packaging.

Regardless of legal status and commercial pressures, medicines must be treated with respect and this can only properly be achieved when all involved in their distribution accept equal responsibility. All medicine packaging should include instructions to seek pharmaceutical advice, and the wording should be agreed across the whole industry so that a clear message is provided to the consumer. That message is presently inconsistently presented and the consumer is being badly served as a consequence.

Another can of worms ...

I have often complained about the power of multiple buying that allows large companies to dispense branded drugs against generic prescriptions. However, I was astounded to learn, when I recently had some drugs returned by a customer, that Boots has now taken this one stage further by persuading Lilly to print 'Boots' on its exclusive packs of Distalgesic.

I can understand the desire of any company to maintain its branded names, but the association of a multiples' name to a now 'branded' generic is an abuse of monopoly power with which I cannot compete.

And what next? Will other companies also associate their names with Boots in an attempt to maintain their brand names? Soon Boots 'Ventolin' salbutamol, Boots 'Voltarol' diclofenac or Boots 'Tenormin' atenolol will become an accepted marketing ploy designed to maintain an artificial confidence advantage for Boots over other pharmacies in the battle for prescription business.

The only winner can be Boots and those multiples with sufficient strength to follow that company's lead. As an independent, I cannot compete, but will be unreasonably seen by the patient as supplying an inferior product. Lilly has opened a can of worms which only it can close. The company should stop this dual marketing exercise now before it does irreparable damage to the professional credibility of the independent community pharmacist.

It's a mad, mad world

Provera is a drug I use infrequently, but nevertheless stock across the range of strengths. Last week, I discovered that two of the foil packs were out of date, but yet had been purchased well after their loose counterparts. On checking the remaining stock, I found that Upjohn gives foil-packed tablets a two-year expiry date from manufacture, whereas the loose pack is given five years.

I am sure there is an explanation for this, but as I dispose of some very expensive stock I ponder the madness of a system that can apparently produce a protected blister package more unstable than its highly-exposed bulk counterpart!

Drug misuse – a new problem to confront

The shocking news that a Belfast pharmacy was held up by armed thieves who stole Controlled Drugs is only a sample of things to come.

For many of us, Northern Ireland's drug problem will present particular difficulties. When illicit supplies fail, the pharmacy will be a logical source. The deranged addict with a knife or gun is dangerous and must not be treated lightly. Injury from such an attack represents the blackest nightmare for a pharmacist and will require us all to take steps to improve our business security.

But to suppose that drug abuse in N Ireland is a new phenomenon is wrong. In common with all regions of the UK, there has always been the medically-sanctioned abuse or misuse of OTC and prescription medicines. Here there is only a problem of definition. When does Mr Jones' daily Paracodol become drug abuse?

While we are the professionals responsible for ensuring the safe and effective use of medicines, we have virtually abdicated all responsibility in combating drug abuse. What have we to offer the customer buying large amounts of kaolin and morphine other than a refusal to sell, knowing that the client will simply go to another pharmacy?

> **When illicit drug supplies fail, the pharmacy will be a logical source**

We are not trained professionally to deal with such individuals. This is a specialist area that is not seen as part of our role – I wonder why? I dispense daily to three patients. I have daily contact with them, but can only offer a supply of medicine. There is no attempt to help these individuals to beat the addiction – it is merely a policy of containment.

Maybe it would be impossible for community pharmacists to undertake such a role, but if we truly aspire to be the drug experts, then perhaps this is something that we should be becoming involved with. There is enough talk about an extended role for the pharmacist and enough bright young members of the profession who might wish to develop this. Any ideas?

Written by a practising Northern Ireland community pharmacist.

Afro hair care from Naomi Sims

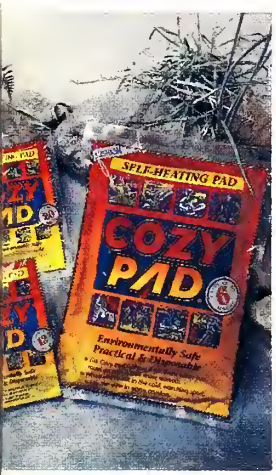
A new range of hair care products specifically for Afro hair is now available from Cecile Distribution.

The Naomi Sims line comprises seven skus, ranging in price from $7.85 to $11.30.

They are: setting lotion, revitalising shampoo for untreated hair, mending shampoo for chemically treated hair, hair enhancer dressing, mending conditioner for chemically treated hair, revitalising conditioner for dry, brittle hair and hair enhancer intensive treatment.

● Afro hair differs from Caucasian hair in many ways, including growing from a retroverted hair follicle, which causes crimps and curls; and it is generally duller because the outer cuticle does not lie as flat.

Cecile Distribution. Tel: 0181 594 9923.



Cosy up with heated Cozy Pad

Lina Trading is launching a new range of self-heating pads, called Cozy Pad.

They provide instant warmth wherever it is needed: for aches and pains, for sportsmen and spectators, for people at work outside or relaxing inside.

They come in three sizes: cushion (rrp $2.99 with six hours' duration); stick on (rrp $0.99 with 12 hours' duration) and pocket size (rrp $0.89 with 20 hours' duration).

Lina Trading will be building brand awareness through targeted advertising in the specialist press, backed by regional TV and radio support.

Stock is available on a sale or return basis within three months.

Lina Trading Ltd. Tel: 0171 629 4144.

Solpadeine paints the town red in the new year

Smithkline Beecham is offering stockists of Solpadeine a range of high-profile display and POS material which includes clocks and chairs in the product's distinctive red livery.

Over 20,000 strikingly-designed display items will be available and, in early 1996, details of a supporting window competition will be announced.

An independent survey (of more than 1,500 people) conducted by Taylor-Nelson AGB in November found that only 31 per cent of Nurofen users said they would continue to purchase from the pharmacy if it became available in small packs on supermarket shelves.

SB's category sector manager for analgesics, Clive Henderson, says: "The research clearly shows that pharmacy will suffer when Nurofen ends its exclusive commitment to pharmacy. Solpadeine's past, present and future will be in pharmacy."

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

The return of the Mighty Mucron

Mucron has returned to the television screens with a warrior theme as part of a $1.5 million TV campaign targeting the 25-35 age group.

'The Mighty Mucron' ads use vivid computer graphics to simulate a war against the symptoms of cold and flu.

The campaign goes on-air in the GMTV, London, Central, NNW and North areas, and is expected to reach 85 per cent of the target group.

Mucron will be supported by assistant competitions, educational leaflets and POS material later on in the year.

Zyma Healthcare. Tel: 01306 742800.

Guerlain extends Odélys

Guerlain is extending its sensitive skin range, Odélys, with two new products.

Stabilizing Serum is a protective covering to allow women whose skin has become weak and unbalanced to continue to use their normal skin care products safely. It will retail at £39.50 for 30ml.

Perfect Care No 3 Super-Rich is a new variant to relieve the discomfort of sensitive, weakened, dry or dehydrated skin. It is available in two sizes: 50ml (£39.50) and 30ml (£27.50). Both products are available from February 12.

● Guerlain will be launching the Pacific Line make-up collection in Sunrise and Sunset shades, which includes a new Creme Powder Blusher (£18.50) and new shades in Contouring Eyeshadow Powder-Creme, KissKiss Longlasting Lipstick and Eyeliners. All are available from February.

Guerlain Ltd. Tel: 0181 998 1646.

Gloss over facts with Cover Girl

In March, Cover Girl is introducing Lipslicks Lipgloss with an SPF 15.

Available in three shades – natural blush, rose blush and coral blush – it also contains vitamin E and allantoin and will retail at $2.99.

Lip Lining Pencils in deep red, rose pink and mahogany are also to be added to the range. They will retail at $1.99.

Procter & Gamble Cosmetics & Fragrances Ltd. Tel: 01932 896000.

Packs mean prizes

Smithkline Beecham is running a Mystery Shopper promotion where merchandising Day Nurse and Night Nurse in the recommended way could win you $500 in a draw.

Mystery shoppers will be out and about between January 15 and February 5 of this year.

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

Opal opportunities

Opal Crafts will be launching a complete collection of branded merchandise under the label of Opal London at the Spring Fair later this year (February 4-8, NEC Birmingham). This will include relaxing massage brushes, nail brushes, a passion fruit body range and a vanilla perfumed body range.
Opal Crafts. Tel: 0181 450 7834.

New-size Listerine

Listerine is now available in a new slimmer 500ml size (£3.49) replacing the existing 400 and 600ml bottles. The 'Listerize' TV ads featuring Tom Jones' recording of 'Kiss' will continue until mid-February with a second burst scheduled for later in the year.
Warner Wellcome Consumer Healthcare. Tel: 01703 641400.

Wrigley sees red

The Wrigley Company has added Big Red cinnamon-flavoured chewing gum to its portfolio (five sticks, £0.19) and discontinued Orbit Fruit sugar-free gum.
Wrigley Co Ltd. Tel: 01752 701107.

Konica extends offer

Konica has extended its current clip frame/enlargement promotion with Foto View until the end of January.
Konica UK. Tel: 0181 751 6121.

PR Spray gets fit

The PR Spray range will be teaming up with two sports magazines this spring. The brand will be sponsoring the 'Dear Physio' column in *FC* magazine and a survey in *Rugby World* about pain thresholds.
Crookes Healthcare Ltd. Tel: 0115 9507431.

Dequacaine posters

Crookes Healthcare is supporting Dequacaine with a poster campaign during January and February which includes 4,000 London Underground tube card sites.
Crookes Healthcare. Tel: 0115 9507431.

Crabtree & Evelyn's renewed zest for healthy skin care

Citrus is the new 'healthy' skin care regime from Crabtree & Evelyn.

Made up of nine skus, the oil- and alcohol-free formulations incorporate a complex of citrus and bioflavonoid extracts (natural antioxidants derived from the peel and pulp of grapefruits, lemons and oranges).

The range comprises: facial gel (50ml, £7.45); facial scrub (150ml, £7.95); clarifying toner (150ml, £7.50); shampoo (250ml, £4.50), hair rinse (250ml, £4.50); oil-free moisturising lotion (250ml, £7.25); deodorising liquid soap (250ml, £5.50); body shampoo (200ml, £10.50), and translucent soap (100g, £2.30).

The company hopes that the new line will further strengthen its presence in the benefit-driven skin care market.
Crabtree & Evelyn. Tel: 0171 603 1611.

ON TV NEXT WEEK

Anadin Extra:	All areas
Asilone:	CAR, C, G, BTV
Benylin 4 Flu:	All areas except GTV, STV, HTV, GMTV
Benylin Coughs:	All areas except GTV, STV, HTV, GMTV
Colgate toothpaste:	All areas
Duracell:	All areas
Halls Soothers:	All areas
Imodium:	All areas
Meltus:	CAR, C, G, B, STV, Y, TT
Mucron:	GMTV, Y, TT, G, B
Nivea Body Care:	All areas
Nurofen Cold + Flu:	All areas
Nytol:	All areas
Otrivine:	Y, TT, G, B
Radian-B:	All areas
Seven Seas Cod Liver Oil:	C4
Strepsils Dual Action/Strepsils:	C4, GMTV, Satellite
Tixylix:	C4
Wash & Go:	All areas
Wrigley:	All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, GMTV Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Oxy on TV

Smithkline Beecham's Oxy range is back on television this January in a £750,000 national advertising push.

The campaign repeats the 'Teentalk' ads – where real teenagers talk directly to camera.

● Oxy Blackout already claims a 3.9 per cent market share, says SB.

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

Duracell checks out Powercheck

Duracell is to introduce the first alkaline battery with a fuel gauge-like power tester.

To be rolled out first in the US, the UK will see the Duracell Powercheck Battery in mid-summer.

The new battery consists of a yellow thermochromic strip which changes colour to show the level of power left. The device is activated by pressing on the two dots on the side and bottom edges of the battery.

Initially only available in AA sizes, other sizes (AAA, C and D) will follow in early 1997, eventually replacing the existing standard alkaline Duracell batteries. The company says the new batteries will be heavily supported at all levels.

● Ever Ready has also announced its introduction of an on-battery tester (*C&D* December 23/30, 1995, p916).

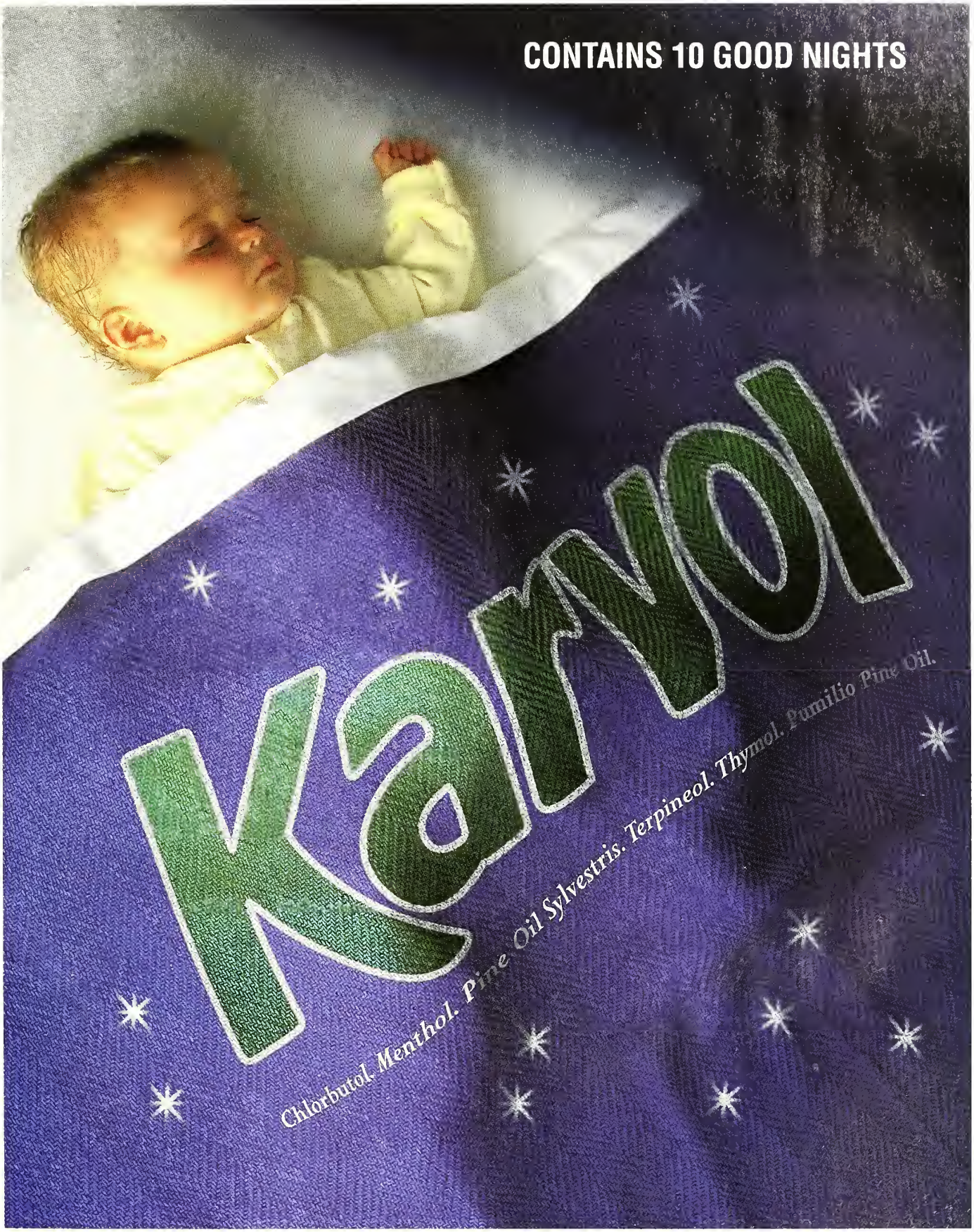
Duracell (UK) Ltd. Tel: 01293 517527.

Balmosa joins forces for chilblains

Balmosa has joined forces with the Raynaud's and Scleroderma Association to produce a counter display unit carrying chilblain advice.

The unit, available from Pharmax, holds eight tubes of Belmosa and consumer leaflets published by the Raynaud's Association.

The company is also supporting the brand with an extensive consumer advertising campaign and PR in the women's press during the winter months.
Pharmax Ltd. Tel: 01322 550550.



According to a recent trial[1], Karvol means a good night's sleep for children - and their parents.

76% felt their babies' breathing had improved after one hour.

In 78% of the cases, babies' nasal congestion was found to have got better.

97% found Karvol to be acceptable or pleasant.

Add to this the fact that with Karvol there's no need to disturb the child, and you'll see why every capsule of Karvol contains a good night.

Gently does it

For more information on Karvol decongestant capsules, please contact Crookes Healthcare Ltd., PO Box 57, Nottingham NG7 2LJ. **Reference:** 1. Data on file (1994), Crookes Healthcare Limited

Vaseline® Intensive Care

NEW LIPID ENRICHED DERMA CARE

£2.6 million TV treatment spread all over.

ELIDA FABERGÉ

BUSINESS IS LOOKING GOOD

Research confirms the importance of Pharmacists in skin care choice.

More and more people are becoming aware of the valuable role pharmacists play in total health care. The NPA campaign 'Ask the Pharmacist' has focused in this, drawing your customers' attention to your expertise. Now, a recent independent research study*

CONSUMERS TRUST THE VASELINE NAME AND THE PHARMACIST'S JUDGEMENT.

into skin care has confirmed just how important you can be in providing counsel and assurance to those who have skin problems: 82% of people who were concerned about their skin, turned first to their pharmacist for help and advice.

So the next time someone says to you *"I'm worried about my skin, it feels really dry..."* you have an excellent opportunity to offer advice and recommend new Lipid Enriched Derma Care to provide relief for problem dry skin.

What are lipids?

Lipids are natural oils found in healthy skin which form a barrier to moisture loss. In dry skin, there are less of these lipids so the skin can become rough, irritated and chapped.

Derma Care's new improved formula with natural lipids, not only nourishes and protects the skin but also penetrates where dryness starts, allowing the skin to repair itself from within.

New Derma Care is hypo-allergenic, non-greasy, and should be recommended for use on all parts of the body, including the face and hands.

NEW PACKS HIGHLIGHT LIPID ENRICHED FORMULA

Vaseline Intensive Care a major player.

Consumers trust Vaseline Intensive Care to deliver unbeatable products year after year. Vaseline is a leading brand in the Hand and Body market with deep roots and unquestioned efficacy. Your customers are becoming increasingly aware of the benefits of good skin-care products and Vaseline is seen as a brand which provides these benefits.

Derma Care continues the tradition of delivering excellence with its new improved and richer formula containing natural lipids. Your customers respect and trust the Vaseline heritage and recognise Vaseline as an authority in skin care.

£2.6 million TV launch for new formula Derma Care.

Vaseline Intensive Care Derma Care is being relaunched with a new improved formula.

The high impact TV campaign, on air throughout 1996, highlights Derma Care's new Lipid Enriched formulation.

Launched in response to the increasing awareness of dry skin problems, new formula Derma Care has been specifically created to meet the growing demand for truly effective but gentle OTC emollients.

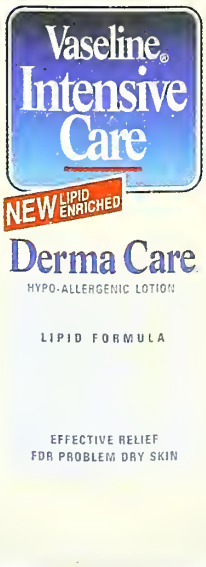
Biggest ever TV spend

We all know that bigger TV campaigns create bigger brands. In fact research* shows that 70% of pharmacy and beauty counter customers ask for particular products as a direct result of consumer advertising.

This heavy TV investment is certain to increase demand.

THE MOST EFFECTIVE DRY SKIN EMOLLIENT.

In a series of independent research studies**, Vaseline Derma Care out-performed the other leading brand. Most recent findings show the new Lipid Enriched Derma Care formula to be more effective than ever.



Source: Independent Community Pharmacist Research. **Quaestor Research & Marketing Strategists Ltd.

SCRIPTspecials

Depo-Provera 150mg/ml

The Department of Health has confirmed that the Depo-Provera 150mg/ml vial will be added to the list of contraceptive drugs to be dispensed free of charge, effective for January, 1996, prescriptions.

New Antepsin pack

The current pack of 100 Antepsin tablets will shortly be replaced with a patient pack of 112. The new pack size represents one month's treatment at the normal dosage of one tablet four times daily. The basic NHS price for the 112-tablet pack is £9.80 (priced pro rata to the 100 pack).
Wyeth Laboratories. Tel: 01628 604377.

Gentler gauge lancet

Bayer Diagnostics has introduced a new 'gentler' 25 gauge lancet for use with the Glucolet finger pricking device. The new Ames lancet is available to patients on FP10 in pack sizes of 100 and 200, and replaces the existing 23 gauge Ames lancet which has previously been available in packs of 200 only. A special introductory offer enables pharmacists to obtain five packs of lancets for the price of four from their normal wholesalers during February and March.
Bayer Diagnostics. Tel: 01256 29181.

SB pack changes

Smithkline Beecham is making some pack changes to comply with new regulations, as well as incorporating general customer feedback. An EU directive, effective from December 1, 1995, requires all antivirals, drugs for peptic ulcers, cholesterol reducers and systemic corticosteroids to be provided in patient packs. Changes to SB's packs of Famvir, Tagamet, Dyspamet and Algitec include colour-coding for products and strengths, and information printed on three sides of the pack.
Smithkline Beecham Pharmaceuticals. Tel: 01707 325111.

Ionamin capsules

Torbet Laboratories has taken over the marketing and distribution of Ionamin capsules from Lipha Pharmaceuticals. All orders should be addressed to the distributor:
Farillon Ltd. Tel: 01708 379000.

New-strength Femoston

Solvay has extended the Femoston range with a lower-strength formulation. Femoston 1/10 contains 1mg oestradiol (17B-oestradiol) per tablet for the first 14 days of a 28-day cycle (white tablets). The remaining 14 tablets (grey) combine 1mg oestradiol with 10mg of the progestogen dydrogesterone.

Femoston 1/10 (calendar pack of 28, £4.97 basic NHS price) is only licensed for the relief of post-menopausal symptoms, unlike Femoston 2/10 and 2/20, which are also licensed for the prevention of osteoporosis.

One oestradiol tablet is taken daily for the first fortnight, followed by one combination tablet daily for the remaining 14 days. One treatment cycle immediately follows another. If the woman is still menstruating, treatment should begin within five days of the start of the bleed.

Treatment can be started at any time in women who had their last period more than 12 months ago.
Solvay Healthcare Ltd. Tel: 01703 472281.

MEDICAL MATTERS

Reserve use of nicorandil, says *Bulletin*

Nicorandil should be reserved for patients with angina who cannot tolerate or fail to respond to the cheaper standard alternatives, concludes a report in the *Drug and Therapeutics Bulletin*.

Nicorandil combines the properties of an organic nitrate with those of a potassium channel activator, producing dilatation of coronary arteries and arterioles, systemic resistance vessels and veins. Rhone-Poulenc Rorer, manufacturer of Ikorel, claims the drug is "effective monotherapy for up to 80 per cent of patients" and that it "frees patients from many of the limitations of earlier therapies".

According to the *Bulletin*, "The results from small studies in stable angina suggest that nicorandil is as effective as other antianginal drugs, but not more so." The authors also comment that most clinical studies have been published in supplements collating scientific papers presented at company-sponsored symposia.

Headache is the main side-effect of nicorandil, occurring in 22-48 per cent of patients.

Advice on the prescribing of co-trimoxazole

Recent changes in the licensed indications for co-trimoxazole mean that, in practice, there are few occasions, apart from pneumocystis pneumonia, in which it should be prescribed in preference to a single antibiotic, says the latest *Drug and Therapeutics Bulletin*.

The licensing authority restricted the licence on the advice of the Committee on Safety of Medicines. However, the data on which the decision was made were not cited and so cannot be independently assessed by the *Bulletin*.

The drug is indicated for the treatment of urinary tract infections and acute exacerbations of chronic bronchitis, but only where there is bacterial evidence of sensitivity and good reason to prefer it to a single antibiotic.

NUROFEN PLUS

By adding the power of codeine to the proven efficacy and tolerability of ibuprofen[1], Nurofen Plus gives you an ideal recommendation for migraine, tension headaches and other indications requiring fast, extra-strength pain relief.

WHATEVER THE PAIN, YOU'VE GOT A NUROFEN ANSWER

Trade fairs, conferences and exhibitions

Premiere Beautyworld International Frankfurt Fair, January 27-30, Frankfurt am Main. For details contact Messe Frankfurt representatives in the UK, Collins & Endres, on 0171 323 6570.

21st International Spring Fair for giftware, NEC, Birmingham, February 4-8. For details contact Trade Promotion Services, tel: 0181 855 9201.

Guild of Hospital Pharmacists group delegates meeting, February 10, Cardiff. For details contact Bob McArtney on 01222 744681.

RPSGB Welsh Executive annual reception, February 13, Cardiff Castle. Details from Philip Green at the RPSGB, tel: 0171 735 9141.

The Second National Nurse/-Pharmacist Conference and Exhibition, February 21, The New Connaught Rooms, Covent Garden, London. For details, tel: 0181 423 1066.

Health & Beauty International Exhibition, February 25-26, Metropole Hotel, Brighton. For details, tel: 0181 652 8259.

National Nursing and Care Home Exhibition, February 27-29, Earls Court, London. For details, tel: 01895 677677.

In Cosmetics '96, February 28/29, March 1, Fiera Milan, Milan, Italy. Details from Michelle Grant on 0181 910 7810.

European Society of Regulatory Affairs international meeting, February 29, Sheraton Hotel, Frankfurt Airport, Germany. Details from Sue Stevens at BIRA on 0171 499 2979.

LPC conference and PSNC annual dinner, March 4, QEII Conference Centre, London. For details contact Mike King, PSNC, tel: 01296 432823.

UK Clinical Pharmacy Association annual meeting, Leicester, March 9; spring symposium, Hinckley Island Hotel, Leicestershire, May 10-12; autumn symposium, Metropole Hotel, Brighton, November 15-17. Details from UKCPA, tel: 0116 277 6999.

Pharmaceutical Technology Conference & Exhibition '96, March 19-21, Oxford. Details from Nicky Molloy at FMJ International Publications on 01737 768611.

Exporteur '96, international trade fair for exporters, March 19-21, Paris. Details: Benoit Prince, tel: +33 1 4344 5775, fax: +33 1 4344 6093.

Mersey Academic Pharmacy Practice Unit annual research conference, March 21, University of Liverpool. For details, tel: Sharon Glynn on 0151 430 1256.

Pharmagora '96, March 23-25, Parc des Expositions de la Porte de Versailles, Paris. For details, tel: +33 (1) 4129 9617.

First Mediterranean Congress on Cosmetology, March 25-27, La Grande Motte, France. For details, tel: +33 (1) 4788 6602.

Medical Device Technology Trade Show, March 26-27, Olympia 2 and Conference Centre, London. For details, tel: 01244 378 888.

British Pharmaceutical Students' Association Conference, April 7-14, Leicester. Details from Tara Cale-Morgan, tel: 01203 602020, ext 8500.

Guild of Hospital Pharmacists national weekend school, April 12-14, Newcastle, County Down, Northern Ireland. Details from Sheila Maltby, tel: 0123 266 9501, ext 2390.

National Association of Women Pharmacists annual meeting and conference, April 19-20, Blackpool. Details from Mary Gwillim-David on 01792 643527.

Pharmaceutical Society of Northern Ireland presidential dinner April 20, Holywood, County Down. Details on 01232 326927.

Young Pharmacists Group RPSGB Council election hustings, April 20-21. Details from Mark Koziol on 0121 233 0233.

Helfex, April 21-22, Olympia 2, London. For details contact David Ham on 0181 398 9520.

European Society of Clinical Pharmacy European conference, April 24-26, Linz, Austria. Details from L A Goldberg on 0161 787 5651.

Cosmoprof, international exhibition of perfume and cosmetics, April 26-29, Bologna, Italy. Details from CTPA on 0171 491 8891.

Nucare Convention, April 27-28, at the Stakis Hotel, Northampton. For details, tel: 0181 732 2772.

Health Services Research and Pharmacy Practice Conference, May 9-10, Manchester. For details contact Keshi Minett, PPRRC, on 0161 275 2342.

General Practice '96, primary healthcare exhibition, May 10-11, NEC Birmingham. For details contact Sterling Events on 0151 709 8979.

Retail Solutions '96 exhibition and conference, May 14-16, NEC Birmingham. Details from Emma Stevenson, EMAP, tel: 0181 277 5119.

Royal Pharmaceutical Society annual meeting, May 15; Branch Representatives meeting, May 16. For details contact S Daly, tel: 0171 735 9141.

Vantage Convention, May 16-19, Madrid. For details contact Travel & Corporate Events International, tel: 01277 224764.

AESGP annual meeting, May 29-June 1, Istanbul, Turkey. Details on +32 (2) 7355130.

Society of Cosmetic Scientists annual meeting, May 30, London. Details from the general secretary on 01582 26661.

National Pharmaceutical Association 75th anniversary show, June 2, at St Albans. Details on 01727 858687.

RPSGB Scottish Executive annual meeting and branch secretaries' meeting, June 12, York Place, Edinburgh. Details from Dr Lindsay Howden on 0131 556 4386.

The Health Fair, NAHAT annual conference and exhibition, June 19-21, Harrogate. Details from Geraldine Bowling on 0121 471 4444.

Ninth International Conference on Pharmaceutical Medicine, June 23-26, Stockholm, Sweden. For details contact Congrex on +46 8 612 6900.

International Frankfurt Autumn Fair '96 for perfumery accessories, August 24-28. For details contact Collins & Endres on 0171 323 6570.

Chemex, September 1-2, Olympia, London. For details contact Miller Freeman Exhibitions, tel: 0181 302 8585.

FIP '96 International Exhibition for Pharmacy and Pharmaceutical Sciences, September 1-6, in Jerusalem, Israel. For details, tel: Miller Freeman BV +31 3465 73777.

Interphex Europe '96, September 3-5, at the National Hall, Olympia, London. For details, tel: 0171 637 4383.

British Pharmaceutical Conference, September 10-13, University of Strathclyde, Glasgow. For details contact S Daly, tel: 0171 735 9141.

Third European Congress of Pharmaceutical Sciences, September 15-17, Edinburgh, Scotland. For details contact congress secretariat on 0178 4464106 .

OTC News Self-medication in Europe Conference, October 2-4, Vienna. Details from Joanne Frampton on 01702 433422.

Pharmaceutical Society of Northern Ireland annual meeting, October 3, at the PSNI headquarters. Details on 01232 326927.

Unichem Convention, October 3-10, Bermuda. For details contact Soler International, tel: 0181 893 1333.

Baby & Child International Fair, October 6-8, Earls Court, London. Contact Viv Binder for details on 01494 712041.

Ulster Chemists' Association presidential dinner dance, October 12, Holywood, County Down; AGM November 12. Details on 01232 320787.

19th IFSCC Congress, Sydney, Australia, October 22-26. 'Cosmetics – promise and proof'. Details on 01582 26661.

Exopharm international trade fair, October 24-27, Leipzig, Germany. For details contact Jennie Franks on 01638 751132.

Young Pharmacists Group annual meeting, October 25-27. Details from Mark Koziol on 0121 233 0233.

Zyma: driving the sector

With the introduction of the Nicotinell Smoker's Network, Zyma is providing the means to ease some of the social and pyschological pressure on people who try to give up smoking

It's New Year again and, traditionally, a time for an uplift in smoking cessation product sales. This year, Nicotinell, the best-selling patch programme, and now a major player in the gum category, is introducing another support mechanism for the smoker, in addition to its range of nicotine replacement therapy products.

The Nicotinell Smokers' Network is a nationwide network of support groups run by voluntary co-ordinators to help smokers to overcome the social and psychological aspects of giving up. Already featured in national and local newspapers and due for another wave of widespread publicity, Nicotinell is proud to bring the scheme into the pharmacy. As more and more people become aware of the initiative, so community pharmacy customers may ask their pharmacist or medicine counter assistant for more information about it.

In brief, the scheme involves a regional co-ordinator organising friendly and informal meetings for would-be quitters. Where the groups are bigger, quitters will be paired off with smokers of similar age and interests. Facilitated by a co-ordinator armed with a Nicotinell Network Support Pack, the groups will hold regular and informal sessions with a view to helping people through the most difficult period of giving up smoking.

And, for when people ask for pharmacy advice, Nicotinell has produced a Smokers' Network Pharmacy Pack, written by an eminent psychologist and expert in the smoking cessation sector, Dr Allan Norris. The Pack is a comprehensive tool for the pharmacist, equipping them with all the information they will need about the Network, as well as useful advice about smoking cessation, withdrawal effects, the psychology of the smoker and how to help.

The Pack will allow pharmacies to give customers even more effective help to quit smoking, as well as enabling the pharmacist and staff to offer support through the Nicotinell Smokers' Network, without requiring a commitment of pharmacy time and resources.

Zyma recognises that the pharmacist can play an important role in contributing to the smoker's ultimate success in giving up. Pharmacy alone can offer invaluable advice on the benefits of NRT treatment, how it works, how long the course needs to last and why addiction to nicotine has come about. The pharmacist can also offer the personal touch, looking at the individual and their specific needs and putting points in a way that they will understand. For example, if the smoker is in need of a friendly ear, the pharmacist can suggest they contact their local Network group.

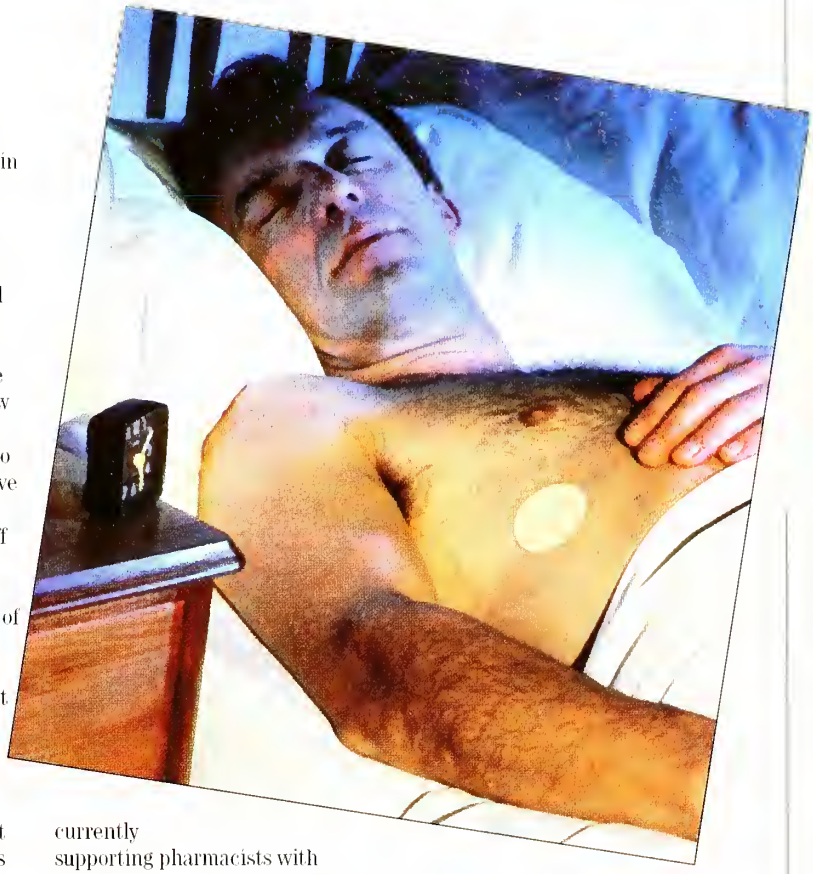
Since the OTC launch of the Nicotinell patch three years ago, Zyma has consistently supported the pharmacy market with massive consumer public relations and advertising campaigns. During this time, the company has systematically outspent rivals in the smoking cessation category, notwithstanding the fewer product variants within its range compared to the competition.

Nicotinell is also the only brand currently supporting pharmacists with advertising in the patch sector. The same trend looks set to continue in 1996, with an anticipated spend of $6 million helping to keep the market to the fore of the consumer's mind. The focus of the advertising will be to educate the consumer about nicotine addiction and the harmful effects of cigarette tar.

This support will increase further with innovative advertising and PR backing the new Nicotinell Gum product, launched in July, 1995, in two pleasant-tasting variants. The Gum has helped to cement Nicotinell's position as the provider of a variety of cessation aids to best suit the individual and their lifestyle, as well as making a significant impact on the market.

With the introduction of a second pharmacy range, Zyma has once again highlighted the brand's commitment to the pharmacy sector.

Additionally, for the pharmacist, Zyma has produced comprehensive support materials to ensure that pharmacy staff are both well informed about the product range and able to recommend the appropriate ones for their customer's needs.



If you would like to know about the Nicotinell Network in your area, please send an A4 stamped addressed envelope to: Lara Turner/Annie Watson, Lynne Franks PR, 327-329 Harrow Road, London W9 3RB. If you would like a Nicotinell Pharmacy Support Pack as part of this information, please write on the envelope 'Support Pack'.

Product information

Presentation: Transdermal Therapeutic System containing nicotine, available in three sizes (30, 20 and 10cm2) releasing 21, 14 and 7mg of nicotine respectively over 24 hours. Nicotine chewing gum containing 2mg nicotine, in original and mint flavour. **Indication:** treatment of nicotine dependence, as an aid to smoking cessation. **Dosage:** stop smoking completely when starting treatment. **Patch:** for those smoking more than 20 cigarettes a day, treatment should be started with Nicotinell TTS 30 once daily. Those smoking less should start with Nicotinell TTS 20 once daily. Sizes 30, 20 and 10cm2 permit gradted withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Doses above 30cm2 have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three-month period, further treatment may be recommended following a re-evaluation of the patient's motivation. **Gum:** one piece of gum to be chewed when the user feels the urge to smoke. Normally use 1-2 pieces per day, up to a maximum of 15 pieces per day. After three months, the user should gradually cut down the number of pieces chewed. **Contra-indications:** non-smokers, occasional smokers, children under 18 years. As with smoking, Nicotinell is contra-indicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrythmias, recent cerebrovascular accident, pregnancy and breastfeeding, skin diseases preventing patch application and known hypersensitivity to nicotine. **Precautions:** hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. Keep out of the reach of children at all times. **Side-effects:** smoking cessation can be in any withdrawal. Kingdom. Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances and myalgia. Nicotine patches: most common adverse effects are reactions at the application site (usually erythema or pruritus). Nicotine gum: may cause throat irritation, hiccuping, minor indigestion or heartburn. **Legal category:** P. **Packs:** Nicotinell TTS 10 (PL 0001/0173) in packs of seven patches, trade price $8.21, retail price $14.47. Nicotinell TTS 20 (PL 0001/0174) in packs of seven patches, trade price $8.64, retail price $15.23. Nicotinell TTS 30 (PL 0001/0175) in packs of seven patches, trade price $9.07, retail price $15.99. Nicotinell Original Chewing Gum 2mg (PL 0001/0195) and Nicotinell Mint Chewing Gum 2mg (PL 0001/0197) in packs of 24, trade price $2.57, retail price $4.50, and pack of 96, trade price $7.70, retail price $13.50. (R denotes registered trademark). **PL holder:** Ciba-Geigy plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare, Holmwood RH5 4NF. **Date of preparation:** October 1995. Zyma Healthcare is part of the CIBA Group.

STILL GOING FROM STRENGTH TO STRENGTH.

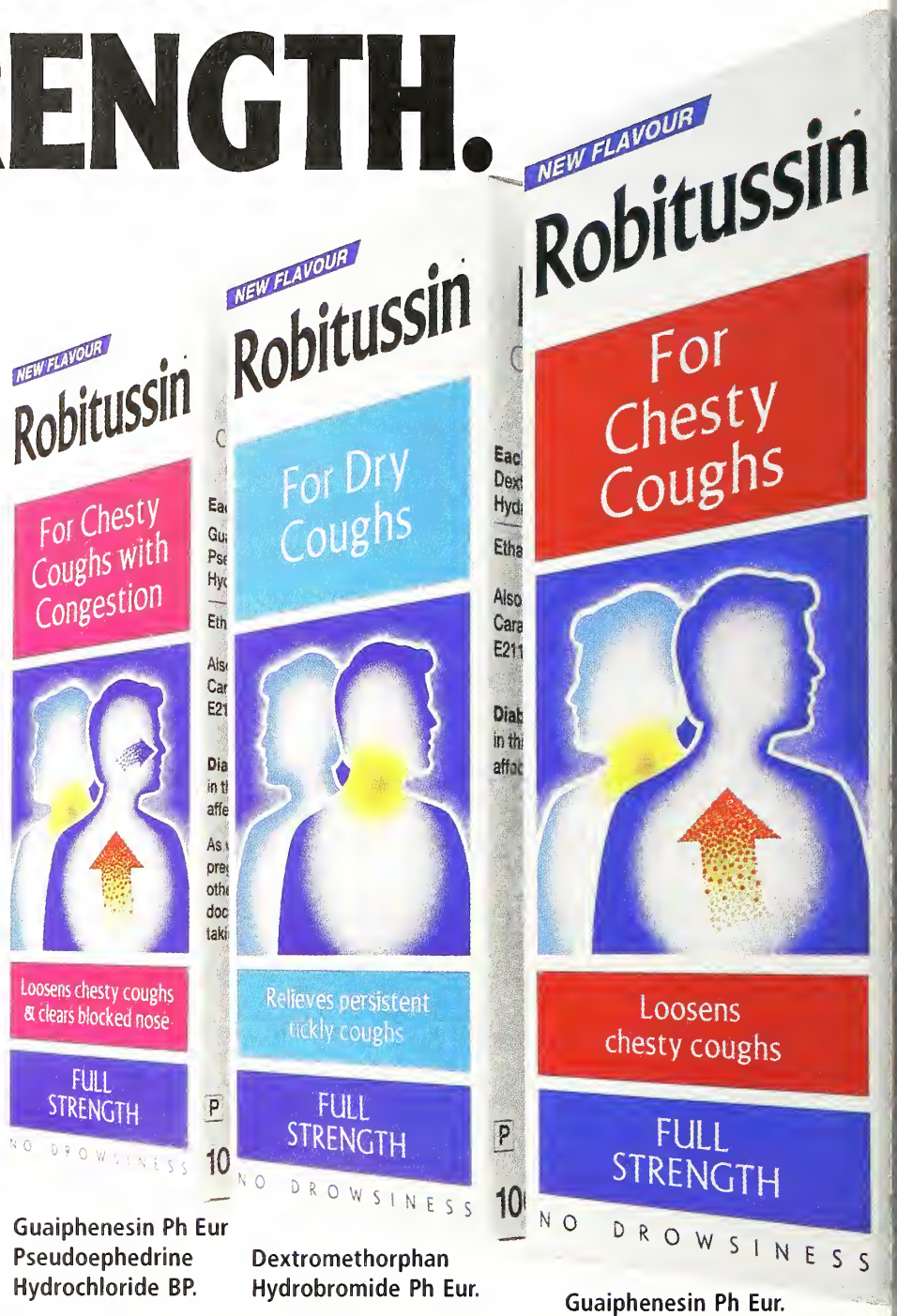
Since the **Robitussin*** range was relaunched, it's become one of the fastest growing cough medicines in the UK.

Year on year sales have grown by 35%[1]. And our overall market share has increased by 18%[2].

It is not surprising. With a range of full-strength remedies designed to suit all types of problem coughs, **Robitussin** has really found its niche in the market thanks to continued pharmacist support.

To ensure this trend continues, **Robitussin** is being advertised during peak season. Ask your Whitehall pharmacy representative for further details.

Make sure you have adequate stocks. The adult-orientated cough remedy has really come of age.



Guaiphenesin Ph Eur Pseudoephedrine Hydrochloride BP.

Dextromethorphan Hydrobromide Ph Eur.

Guaiphenesin Ph Eur.

FULL STRENGTH. NON DROWSY. SUGAR FREE.

ROBITUSSIN CHESTY COUGH WITH CONGESTION COUGH MEDICINE. Presentation: Cherry flavour liquid for oral administration. Each 5ml contains Guaiphenesin Ph Eur 100 mg, Pseudoephedrine Hydrochloride BP 30 mg. **Uses:** Nasal decongestant and expectorant for the symptomatic relief of respiratory tract disorders. **Dosage:** Adults: 10 ml three times daily. Children: 6-12 years: 5 ml three times daily. 2-6 years: 2.5 ml three times daily. Under 2 years: Not recommended. **Contraindications:** Hypersensitivity to the active ingredients. Use in patients with acute ischaemic heart disease, thyrotoxicosis, glaucoma or urinary retention. Patients currently receiving, or who have within two weeks received monoamine oxidase inhibitors or tricyclic antidepressants. Patients receiving other sympathometic drugs. **Interactions:** May act as cerebral stimulant in children and occasionally in adults. Should be used with caution in patients receiving digitalis, adrenergic blockers or antihypertensive agents or non-steroidal anti-inflammatory drugs. **Special Warnings:** None stated. **Precautions:** None stated. **Side Effects:** None stated. **Effect on ability to drive and use machines:** None stated. **Incompatibilities:** None stated. **Use during pregnancy and lactation:** Not recommended. **Pharmaceutical Precautions:** No special requirements. **Legal Category:** P. **Package quantities:** Bottles of 100 ml. **Product Licence No:** PL 0165/0098. **Date of Preparation:** October 1994. **Shelf Life:** 4 years. **Price:** £2.37.

ROBITUSSIN DRY COUGH MEDICINE. Presentation: Cherry flavour liquid for oral administration. Each 5ml contains Dextromethorphan Hydrobromide BP 7.50 mg. **Uses:** For the relief of persistent dry irritant cough. **Dosage:** Adults: 10 ml three or four times daily. Children: 6-12 years: 5 ml three or four times daily. **Contraindications:** Known hypersensitivity to the active constituents. **Interactions:** None stated. **Special Warnings:** Use with caution in patients with hepatic dysfunction. **Precautions:** Not applicable. **Side Effects:** Dextromethorphan Hydrobromide occasionally causes dizziness and gastrointestinal upset. **Effect on ability to drive and use machines:** None known. **Incompatibilities:** None stated. **Use during pregnancy and lactation:** Not recomended. **Pharmaceutical Precautions:** No special requirements. **Legal Category:** P. **Package quantities:** Bottles of 100 ml. **Product Licence No:** PL 0165/0100. **Date of Preparation:** October 1994. **Shelf Life:** 5 years. **Price:** £2.37.

ROBITUSSIN FOR CHESTY COUGH MEDICINE. Presentation: Cherry flavour liquid for oral administration. Each 5ml contains Guaiphenesin Ph Eur 100 mg. **Uses:** Expectorant for the treatment of coughs. **Dosage:** Adults and the elderly: 10 ml four times daily. Children: 6-12 years: 5 ml four times daily. 1-6 years: 2.5 ml four times daily. Under 1 year: Not recommended. **Contraindications:** None stated. **Interactions:** None stated. **Special Warnings:** Not applicable. **Precautions:** Not applicable. **Side Effects:** None stated. **Effect on ability to drive and use machines:** None stated. **Incompatibilities:** None stated. **Use during pregnancy and lactation:** Not recommended. **Pharmaceutical Precautions:** No special requirements. **Legal Category:** GSL. **Package quantities:** Bottles of 100 ml. **Product Licence No:** PL 0165/0097. **Date of Preparation:** October 1994. **Shelf Life:** 5 years. **Price:** £2.37.

1. Ex-factory sales, YTD October '95
2. IMS data.

*Trade Mark

WHITEHALL

Further information is available on request. Whitehall Laboratories Limited, Taplow, Maidenhead, Berkshire, SL6 0PH. Telephone: 01628 669011

PHARMACY update

Hypnotic prescribing
With temazepam capsules blacklisted, we look at the alternatives available *I*

Communication skills
Communication and the pharmacist – how to build on your skills *IV*

Rheumatoid arthritis
How to treat the most common arthritic disease *VI*

Temazepam capsules: the other prescribing options

As of January 1, temazepam capsules have been blacklisted from the NHS. Pharmacologist Dr Susan Mayor reviews current thinking on the prescribing alternatives

Hypnotic prescribing is set for major changes this year with the blacklisting of temazepam capsules, which came into force on January 1.

Blacklisting, which adds temazepam capsules to Schedule 10 of the NHS (General Medical Services) Regulations 1992, aims to limit misuse of this formulation by injecting drug abusers.

The move follows the rescheduling of all temazepam formulations from Schedule 4 to Schedule 3 of the Misuse of Drugs Regulations (1985). This means that, from January 15:

- unlawful possession will become an offence
- import and export licences will be needed.

From April 18, pharmacists will have to store the drug in CD cabinets. The PSNC is still negotiating with the Department of Health to secure an additional CD fee for contractors for every NHS temazepam script dispensed.

Prescribing hypnotics

- Short-acting preparations
- Small quantities
- Lowest effective dose
- Shortest effective time
- Review date must be agreed with the patient when the prescription is given

Schedule 3 CDs normally require prescriptions to be written by hand, but this is being waived for temazepam, along with the usual prescribing requirements. As such, prescriptions will not have to specify the dose to be taken, the form and strength of the preparation to be supplied and will not have to specify the amount to be supplied in both words and figures.

Prescribing impact

But what impact will these changes have in the day to day management of patients suffering insomnia?

Insomnia is an extremely common complaint affecting 5 per cent of people under 30 and 35 per cent of those over 65. Women are more likely to report a sleeping disorder, with some 25 per cent, compared with 15 per cent of men, attending general practice complaining of insomnia.

Many people become concerned that they may not be getting enough sleep because they incorrectly believe that everyone needs about eight hours' sleep each night.

It is worth explaining to people who complain of poor sleep that the amount a person needs may vary and depends on their physical activity and state of health. It is also worth checking for possible causes of disturbed sleep (see box above).

As people get older it takes longer to get to sleep, they wake more frequently during the night and require less total sleep.

"Elderly patients are currently major users of hypnotics, with about 15 per cent of elderly people living in the community taking them regularly. This rises to 30 per cent of those living in residential homes," says Malcolm Lader, professor of psychopharmacology at the Institute of Psychiatry.

All in all, around one third of the UK population will take a hypnotic at some point each year. And temazepam is the most widely prescribed in the UK, currently accounting for around seven million prescriptions each year.

Continued on PII ▶

Causes of insomnia

- **Stimulants**
Difficulty in sleeping can be caused by a high intake of caffeine in tea or coffee, or in cola drinks. As people age, they become more sensitive to this. Nicotine in cigarettes is also a stimulant.
- **Rebound effect of sedative drugs**
Many sedative drugs that induce sleep or reduce anxiety have the opposite effect when their effect is wearing off, as can alcohol. This results in getting off to sleep quickly, but waking up early with difficulty getting back to sleep.
- **Changing activities**
People who do shift work may find it difficult to adjust to changing sleep and activity patterns. Similar problems may occur on holiday.
- **Physical illness**
Pain is a common cause of disturbed sleep. Breathing problems, a chronic cough or the frequent micturition can also disrupt sleep.

(Psychiatry and General Practice Today. Ed by I Pullen, G Wilkinson, A Wright, D Pereira Gray. Royal College of Psychiatrists. Royal College of General Practitioners. 1994 (Page 232-233)

◀ *Continued from P1*

The Home Office predicts that, based on previous experience of rescheduling drugs, temazepam prescribing will drop by at least 30 per cent as a result of the move.

Leading specialists hope that the changes will provide an opportunity for health professionals to reappraise their management of insomnia. "GPs have several choices on how to manage patients currently on temazepam capsules," suggests Professor Lader. "But the DoH has failed to provide healthcare professionals with any guidance," he warns.

How to stop

Having to explain to patients that they will no longer be able to have temazepam capsules offers a chance to discuss their need for hypnotics.

"If patients seem able and willing to stop, it is worth suggesting that they gradually reduce the dose," suggests Professor Lader.

Patients can come off benzodiazepines even when they have been on them long-term, but there is a risk of inducing rebound insomnia and anxiety, particularly with the shorter-acting benzodiazepines, such as temazepam.

Simply writing to patients who have been on hypnotics long-term can trigger them to stop. "Research shows that up to a third of people come off hypnotics just by getting a letter from their GP warning them of the potential dangers of long-term use," points out Royal College of General Practitioners senior mental health education fellow and Sutton GP Dr Andrew Tylee.

Benzodiazepine withdrawal

According to the *BNF*, benzodiazepines can be withdrawn in steps of about one-eighth of their daily doses every fortnight. For temazepam patients unable to reduce, switching to diazepam and initiating a withdrawal protocol, which can take between four weeks to over a year, is an option:

- transfer to an equivalent daily dose of diazepam (diazepam 5mg = temazepam 10mg)
- reduce diazepam dose every two weeks in steps of 2-2.5mg
- if withdrawal symptoms occur, maintain at this dose until symptoms improve
- stop completely

Properties of hypnotics at recommended doses

Drug	Elimination half-life	Rec dose	Onset of action	Residual effects
Zolpidem	Less than 3 hours	5-10mg	Very rapid	None
Zopiclone	Short: 3-6 hours	3.75-7.5mg	Rapid	None
Chloral hydrate	Intermediate: 6-12 hours	0.5-2g	Slow	Insufficient data
Diphenhydramine	Intermediate: 6-12 hours	50mg	Intermediate	Insufficient data
Loprazolam	Intermediate: 6-12 hours	0.5-2mg	Slow	Mild
Lormetazepam	Intermediate: 6-12 hours	0.5-1.5mg	Rapid	Mild
Promethazine	Intermediate: 6-12 hours	25-50mg	Intermediate	Insufficient data
Temazepam	Intermediate: 6-12 hours	10-40mg	Rapid	Mild
Flunitrazepam	Long: over 12 hours	0.5-2mg	Very rapid	Marked
Flurazepam	Long: over 12 hours	15-30mg	Intermediate	Marked
Nitrazepam	Long: over 12 hours	2.5-10mg	Rapid	Marked

ref: BNF *No29 1995,* MIMS *June 1995*

Alternative options

Some patients will find it more difficult to stop using hypnotics and others, such as those with dementia, may require them to allow their carers to get some sleep at night.

Physicians can continue to prescribe temazepam capsules on private prescriptions, if that is what they feel is best for a particular patient. They can also simply switch to temazepam tablets or elixir.

John Donoghue, chairman of the UK Psychiatric Pharmacy Group feels most prescribers will opt for a switch to tablets.

But Professor Lader disagrees. "I don't think many GPs will use tablets or elixir because of the general concern about temazepam." A switch to tablets would not help in solving the problem of abuse. "Addicts will still be able to grind up temazepam tablets, dissolve them and inject the solution," Professor Lader explains. However, they would achieve less effect than with the gel preparation in capsules.

But injecting crushed tablets could still cause serious irritation of blood vessels potentially leading to the need for limb amputation. "This has mistakenly been thought to be due to the gel solidifying in the bloodstream, but is probably a general property of benzodiazepines," warns Professor Lader.

Some physicians may consider changing to another benzodiazepine, as there have been hints at further measures restricting temazepam use in the future.

Other benzodiazepines used as hypnotics include nitrazepam, flunitrazepam and flurazepam. However, all of these agents have prolonged action and may give rise to residual effects on the following day. Also, repeated doses tend to be cumulative.

Loprazolam and lormetazepam act for a shorter time and have less hangover effect.

A recent small survey suggests GPs may consider changing to nitrazepam. "But this agent is long-acting, leading to hangover effects and impaired performance the next day. So its use is less than good clinical practice," warns Professor Lader. In the elderly it poses particular risk of causing confusion and falls, he adds.

"There is also some disturbing evidence of moves back to agents such as chloral hydrate. This is very cheap [£2.54 for 30 days at one daily dose] but can cause severe side-effects and dependence," Professor Lader points out. It is also dangerous in overdose.

Other hypnotics include:

- barbiturates, which produce tolerance and have a narrow safety margin which can lead to death by overdose. Their use is only advised in severe intractable insomnia
- chlormethiazole has few residual effects and for this reason is used in the elderly, but there is a risk of dependence
- sedative antihistamines, such as promethazine, have hangover effects and are not generally considered for insomnia treatment
- sedative tricyclic antidepressants, such as amitriptyline and dothiepin are also sometimes used, but they have anticholinergic side-effects, such as constipation and dry mouth.

New options

"Short-acting hypnotics, such as zolpidem or zopiclone, offer safer alternatives," suggests Professor Lader. These drugs act on the benzodiazepine receptor site at the GABA receptor complex, but are more selective than benzodiazepines.

Research shows they have shorter elimination half-lives than the older hypnotics, such as temazepam and nitrazepam, and at recommended doses have been shown not to cause hangover effects the next day (see box). Zolpidem has no effect on sleep architecture and has not been shown to disrupt sleeping after stopping a short course.

Dr Tylee considers these newer hypnotics to have less abuse potential and are less addictive than temazepam. "Hypnotics should ideally be used in short courses to deal with acute sleep problems, such as that commonly triggered by bereavement," he explains.

GPs may be put off by the cost: zolpidem costs £6.72 for a 28-day course, zopiclone costs £4.48.

"Cost is an issue, but newer hypnotics may be cost-effective, particularly if used in short courses. There also may be savings in terms of reducing the number of accidents which may be associated with long-acting hypnotics," Professor Lader believes.

New guidelines designed to help health professionals to improve the management of insomnia are being developed and will be published later this year, according to Professor Lader. They will emphasise the need for full patient assessment, better sleep education and treatment strategies for short-term and chronic insomnia.

"Pharmacists have a key role in improving the management of insomnia by educating both patients and prescribers. We have the opportunity to discuss sleep problems and provide information about hypnotic choice," says senior clinical psychiatric pharmacist at Mansfield's Millbrook Mental Health Unit Alan Pollard.

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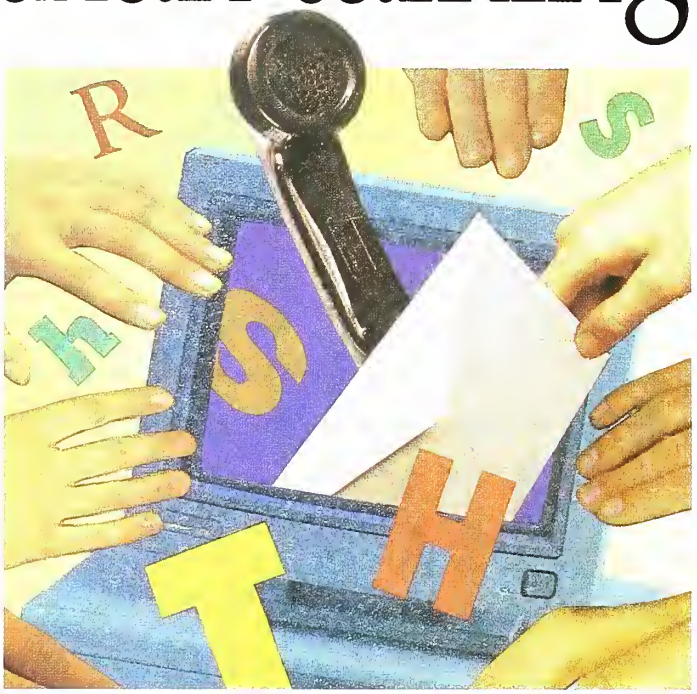
Research in Dermatology

More than talking

In all areas of our lives we rely upon communication. For pharmacists, the Royal Pharmaceutical Society's recently-introduced ethical requirements relating to the sale of medicines and the provision of advice when handing out dispensed items highlights more than ever the need to develop good communication skills, as independent pharmaceutical consultant Ruth Rodgers MRPharmS explains



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THIS ARTICLE, IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D*, FEBRUARY 9, PROVIDES 1 HOUR OF CONTINUING EDUCATION CREDIT

OBJECTIVES

- To highlight the importance of communication
- Methods of communication
- Possible barriers to effective communication
- The ramifications of poor communication

Most pharmacists never receive any formal training on communication skills. Yet on a daily basis they interact on many different levels with other healthcare professionals, with co-workers and with customers.

In an average working day a single pharmacist may deal with literally hundreds of customers, several members of staff, a doctor or two, possibly a nurse and a dentist, as well as drug company representatives, sales personnel, suppliers and maybe even a fellow pharmacist.

Not all of these interactions take place face to face; sometimes the telephone is used, sometimes the written word and often a third party is involved as a message carrier. Since many elements of communication are non-verbal, it makes it all the more difficult for the pharmacist to gauge the recipient's response to the proffered words of wisdom and ensure adequate understanding.

Why is it necessary?

Before moving on to look at what constitutes good communication it is important to recognise why we need to communicate in the first place. In our professional role we do so in order to gain information upon which we make decisions, to clarify instructions, to instruct and/or educate others, and to observe social expectations.

When we talk about communication, the spoken or written word usually springs to mind, although these only make up a proportion of the whole: tone of voice, choice of word, perceived interest in the subject, emotion, etc, all have a role in aiding interpretation of what is being said.

Similarly, legibility, style and size of writing or the use of mechanical print can influence comprehension of the written word.

Target the audience

All these factors will vary according to the target audience and the occasion.

Communication with our peers is the easiest. It is relatively safe to assume that we are working to the same general values, share a common vocabulary and have a similar interest in the outcome.

Other healthcare professionals should not pose too many problems. Take time to clarify your objectives, making adequate preparation will help present you as intelligent and knowledgeable, able to offer reasoned advice and information – not a time-wasting nuisance. This approach also reinforces the pharmacist's position as the expert on medicines.

The interaction between the pharmacist and customer is, in many ways, the most difficult and yet one which pharmacists take for granted many times every day.

The pharmacist will use questioning skills to draw out information, assessing it before making a decision on an appropriate course of action and providing the information required.

The task of conveying complex technical information to a customer with no medical knowledge can be seen as akin to translating a foreign language into English. This whole process can be difficult, especially when knowledge of basic medical terms is at best less than 50 per cent, and that patients forget between 30-50 per cent of information[1].

It is therefore not surprising that poor communication can have major implications in patient compliance. Most pharmacists know of anecdotal evidence of this, such as the customer who, after reading the instruction 'Take in the morning, in water' on the label of a dispensed medicine, thought it meant they had to be immersed in the bath before they could take the daily dose!

Clearly it is important to check that the customer has understood the message.

Consultation stages

- Acknowledge/greet and put at ease
- Obtain information
- Assess and decide
- Instruct/reassure
- Conclude

First impressions

Even before a word is uttered, a vast amount of communication has already taken place and this can influence a customer who is deciding whether or not to ask for assistance.

Appearance, that is choice of clothing, grooming and general bearing, often indicates the professional status of the pharmacist. As individuals we may not always wish to conform to the stereotypical expectation of the pharmacist in a starched white laboratory coat. However, it is important to recognise that customers may, rightly or wrongly, judge on appearances. A smart, professional appearance can help foster trust and encourage confidence in our abilities.

The layout, decor and general atmosphere of the pharmacy premises can also affect the communication process. Removal of major physical barriers to access, such as floor stands, and arranging the workplace to allow a clear view of customers entering the shop or waiting to be served, can improve the accessibility of the pharmacist.

Eye contact can acknowledge the presence of someone waiting to 'see' the pharmacist, without needing to interrupt the task in hand. It is, of course, preferable for the pharmacist to come out of the dispensary to talk to

customers whenever practical. This enables greater privacy and is seen as more personal. Initial 'greeting' stages then help to put the customer at ease and to establish the level at which to pitch the language used.

Communication keys

A key to good communication is an interest in the subject. If we put ourselves in the customer's place, we can easily recognise that we prefer to interact with someone who expresses a personal interest in our wellbeing. Keeping this perspective in mind helps to remind us how best to deal with our own customers.

Effective communication is a two-way process requiring a willingness to establish a relationship from both parties. It also requires effort, thought and time to be able to consistently convey unambiguous, relevant and concise information.

Much has been written about the verbal and non-verbal aspects of communication and it is obviously important that these complement and are consistent with each other. Research by behavioural scientists reports that more than 55 per cent of communication is non-verbal, which is difficult to fake[2].

In a pharmacy where there are many, often competing, demands on the pharmacist's time it is important to recognise the various elements which constitute communication with a customer. Awareness of these enables us to make efficient use of our time without compromising the patient's perception of us as caring, competent professionals.

Sale of medicines protocols require pharmacists to initiate discussion with customers to help ensure that appropriate and effective medicines are purchased. To be effective, such discussions require the pharmacist to:

- have a good command of language
- possess a large and exact vocabulary, particularly of lay terms
- be skillful in employing

Verbal communication

- Large, exact vocabulary
- Language
- Terminology
- Questions – open, closed, non-judgmental
- Concise, clear, direct
- Maximum of four points conveyed

open and closed questions.

Open-style questions draw out more general information or encourage a more silent type to talk, while closed questions obtain facts and prevent the verbose customer from going on too long.

As well as eliciting factual information, the questioning process reveals a great deal about attitude and feelings, which also have to be taken into account.

Far from pharmacists being viewed as nosy and asking too many questions, most customers welcome the opportunity to discuss their medication and the interest shown in them. Research has found that 80 per cent of people did not think that they had enough information about their treatment[3].

Body talk

Body language, such as movement, gestures and stance, plays a major role throughout any interaction by emphasising the meaning of the actual words used.

Expression and eye contact show how much attention is being paid, while correct physical proximity and even the occasional touch, if acceptable, can indicate concerned interest.

Body language

- Appearance – style of dress, cleanliness, grooming
- Eye contact
- Attention
- Body movement
- Stance
- Proximity

Listen up

We are often told that one of the secrets of good communication is to be a good listener. This can be difficult at times as the mind works considerably faster than we can speak.

It is tempting, after listening for a short while, to make assumptions as to what is really being said or to become distracted. To prevent this, or when time is at a premium, the predominant use of closed questions can speed up the consultation process. Since the answers to these are generally shorter and more factual, they leave less opportunity for distraction.

Having established the patient's needs, the pharmacist must then explain any recommendation made to the customer in a simple, clear and direct manner. Research has shown that recall of information is dependent upon how it is presented and how complicated it is.

The first and last items of information make the most impact[1] with a maximum recommended of four items; any more and the customer risks becoming more confused than they started.

In order to prevent overload it is quite acceptable to provide written information or draw attention to a manufacturer's patient information leaflet and encourage the customer to come back with any queries after reading it. This is especially useful when time is short or the message is complicated.

The conclusion of the transaction is an ideal opportunity to encourage feedback on the outcome of the recommended course of action. As well as a satisfied customer, this information is useful for the pharmacist to bear in mind for the future.

Dangerous effects

The perils of poor communication spring all too readily to the mind.

At best, by failing to invite discussion when a preparation is asked for by name, a customer may have been denied the opportunity to use a more appropriate product, possibly one with fewer or more acceptable side-effects.

At worst, the result could be life-threatening, such as accidental overdosage of paracetamol or the sale of an aspirin-based product to a patient on warfarin treatment.

Although we would never intentionally set out to communicate poorly, most of us are guilty of failing to ever give the subject any thought. Very often we have only one chance to make an impression on others and to the potential customer an inappropriate response to a request for assistance may put them off consulting a pharmacist in the future. Even with known, regular customers a jokey, familiar approach may go down well on some occasions and not on others.

Poor communication can cause the customer to decide to take their patronage elsewhere, make a bad situation worse or even seek legal redress if they believe that they have suffered harm as a result.

For those worried that their own communication skills would fail to pass muster, an excellent method for eavesdropping on our own interactions is to use a video or cassette recorder to record a few customer transactions.

Communication barriers

There are many barriers which inhibit communication in the pharmacy.

More obvious ones include a pharmacist's lack of time or inaccessibility due to the dispensary location in relation to the sales area, untrained staff and lack of privacy.

Customers may be in a hurry or not understand the significance of questioning and resent the process. They may even be fearful of both the pharmacist and what they might be told.

In addition, there are administrative barriers. The pharmacist does not just wait for a customer to approach, dispensing processes tie up the pharmacist in the dispensary and many are also required to perform a management role. Lack of payment for the advisory role can also present a barrier since not every consultation ends in a sale.

Customers do not always frequent the same pharmacy meaning that, at best, computerised patient medication records and labelling systems with the ability to check for interactions, etc, can only assist and not replace the pharmacist's knowledge and judgment.

On a personal level, barriers include: appearance, distractions, noise, lack of confidence/shyness and previous poor experience.

But it is important to react in a positive manner, looking for areas to improve rather than concentrating on perceived shortfalls, when viewing the results of this exercise. Hearing or seeing yourself at work can be a shock to the system, but does enable you to pinpoint areas for improvement.

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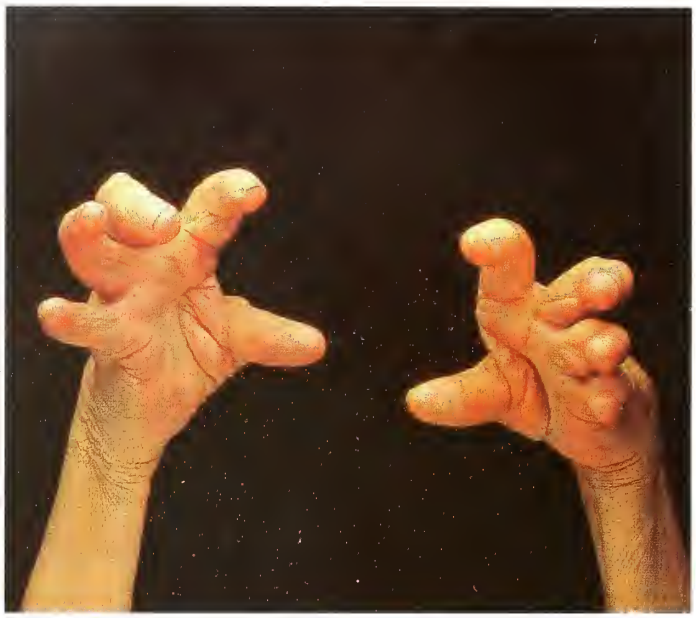
A state of inflammation



Mike Devlin/Science Photo Library

Rheumatoid arthritis is not just about inflamed joints, the disease lessens quality of life and shortens life span, as Marianne Mac Donald discovers

There are over 200 forms of arthritis or arthritis-related disease. However, rheumatoid arthritis outnumbers all other forms of inflammatory arthritis put together[1], affecting 53 million people worldwide.

In the most severe cases, disability will result and life expectancy is reduced: by four years in men and by ten years in women[2]. The Arthritis and Rheumatism Council for Research says severe disease may be more common in the Western hemisphere.

In the UK, around one in 200 women and one in 600 men are said to be significantly affected. Women have a peak incidence around 35-55 years, while it is 40-60 years in males[2]. Juvenile arthritis can also occur in children.

Signs and symptoms

Rheumatoid arthritis arises when the synovial fluid membrane surrounding the joint cavity becomes inflamed, causing pain and stiffness. Fluid and cells leak from the membrane causing erosion of the cartilage, subchondral bone and ligament, resulting in alterations in shape and deformities.

Onset can vary: in 50-70 per cent of sufferers it starts insidiously; in others it can be acute – onset occurring within 24 hours in 10-20 per cent of cases, complete with associated fever[2].

The disease's most common clinical picture is of symmetrical polyarthritis affecting the multiple, peripheral joints of the hands, wrists, ankles, knees and cervical spine; larger joints like the shoulders, elbows and hips are less frequently affected[1]. In juvenile arthritis large joints are also affected.

In addition to the lack of mobility and stiffness experienced, patients may also complain of general illness and fatigue when RA is in an active state.

Extra-articular symptoms include: nodules (seen in 20 per cent of sufferers[1]), vasculitis and anaemia. Skin ulcers, renal disease, Sjorgen's syndrome (dry, gritty, red eyes, common in women), scleritis, Felty's syndrome (with splenomegaly and neutropenia), cardiac effects, and neurological complications may be other features.

Some 30 per cent of RA sufferers achieve an almost full recovery within a few years of diagnosis with only 10 per cent experiencing such a severe form that disability ensues. The remainder will continue to have relapse and remission cycles. Some 75 per cent of juvenile arthritis sufferers achieve remission[3].

Certain factors have been linked to poorer prognosis:

- insidious onset
- male gender
- extra-articular manifestations
- raised concentration of rheumatoid factors
- presence of the antibody HLA-DR4, said to be present in 70 per cent of RA patients; with those carrying it having a six to 12 times greater chance of developing the disease than those seronegative for the antibody[2]
- proof of bone erosions within three years of onset[1].

Diagnosis

The American Rheumatic Association has set out a number of criteria, of which four or more must be present for rheumatoid arthritis diagnosis:

- stiffness for at least six weeks, lasting one hour every morning
- soft-tissue swelling of three or more areas round the joints for at least six weeks
- swelling in hand joints for at least six weeks
- symmetric joint swelling
- rheumatoid nodules over bony prominences
- positive serum rheumatoid factor blood test
- X-ray changes in hand and wrist

Aetiology

As yet, there is no definitive cause of rheumatoid arthritis, although it is accepted to be an auto-immune disorder.

The role of the HLA-DR4 antigen is unclear. It is thought to be a marker for auto-immunoregulating genes or an abnormal host response to an environmental agent[2].

One hypothesis currently in favour is that a 'trigger' initiates the immunological response in those who are susceptible. Viral or bacterial infections have been cited as the trigger, with *Mycoplasma* and *chlamydia* shown to cause arthritis in humans[4]; and at least two trials reveal minocycline improves joint tenderness and swelling, suggesting an infective origin.

It is worth noting that, while considered a risk factor, the presence of the HLA-DR4 antigen does not automatically lead to RA: although one in four Caucasians carry this gene, only a maximum of 5 per cent will actually develop the disease[1].

Drug therapy

Patients should be encouraged to maintain their mobility by means of exercise and physiotherapy, with rest advised during acute phases.

The traditional strategy for drug treatment of RA is to adopt the 'pyramid' approach where patients are initiated on drugs which control the symptoms, graduating onto more powerful drugs with greater toxicity, but which have an impact on disease progression.

- **Analgesics**

Paracetamol, codeine and dextropropoxyphene can be used for mild to moderate pain. Narcotics should be avoided[3].

- **Non-steroidal anti-inflammatory drugs**

NSAIDs form the mainstay of treatment, with their *modus operandi* to reduce inflammation in the joint linings.

Although around 60 per cent of RA patients will respond to any NSAID[5], the variety of NSAIDs available allow rheumatologists to tailor therapy, primarily to minimise side-effects, in particular, GI bleeding and peptic ulceration. If no response is seen with one NSAID after three weeks, patients should be initiated on another.

Continued on PVIII ▶

THE COLLEGE OF PHARMACY PRACTICE

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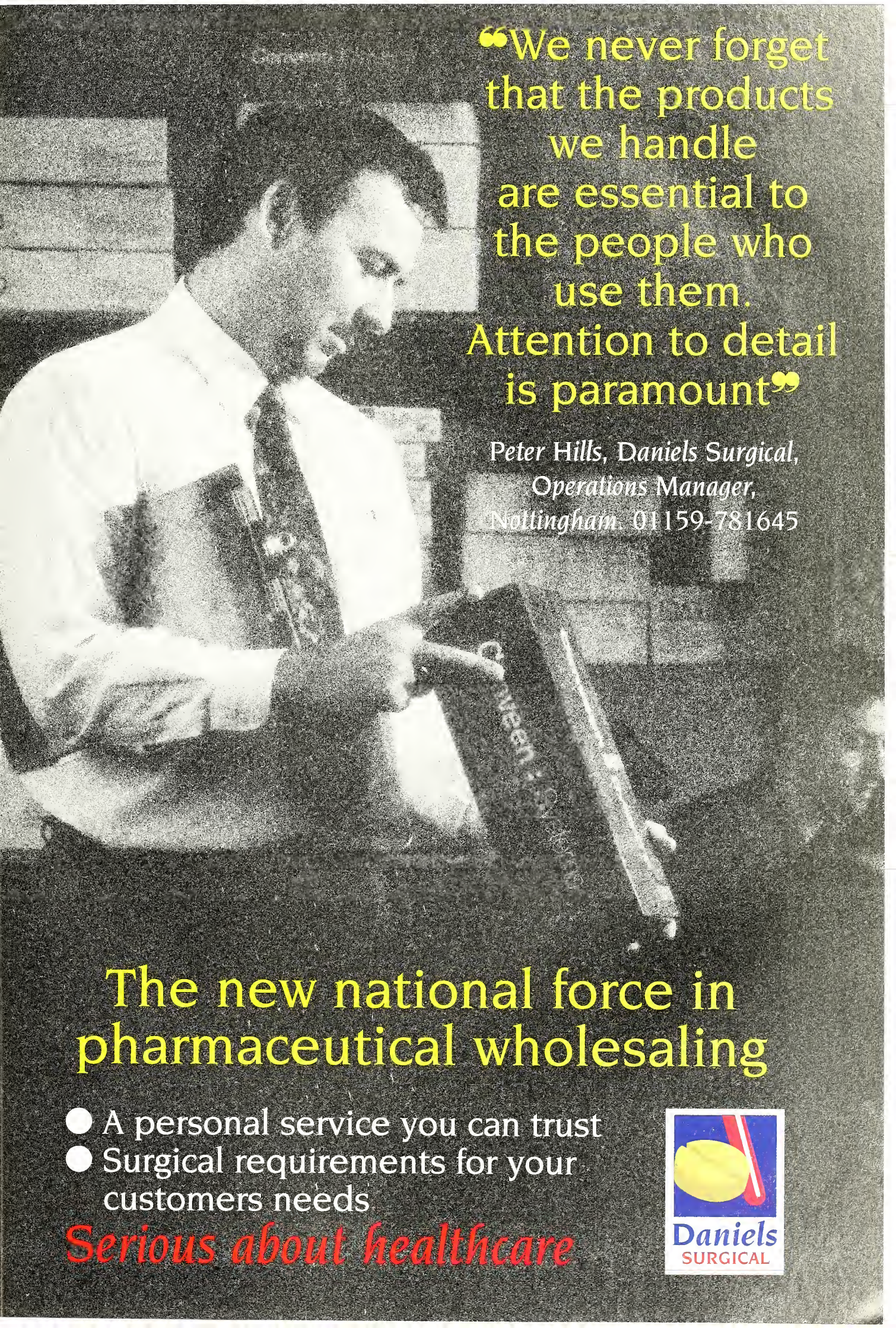
OBJECTIVES

- To define rheumatoid arthritis
- To consider the 'at-risk' population
- To consider the causes
- To be able to recognise some of the symptoms
- To examine some drug therapies
- To consider the side-effects of drugs used in RA



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◀ *Continued from PVI*

● **Corticosteroids**
Corticosteroids are said to be the most effective short-term anti-inflammatory drug in RA, but long-term use is avoided, partly because of side-effects and partly because they do not appear to affect disease progression[3].

However, one study reveals low-dose steroids used in the early stages can reduce disease development and slow erosion progression. But others say use of prednisolone early in the disease is advised "only in cases of severe disability due to persistent disease activity and as an adjunct to treatment with second line drugs"[6].

DMARDs line up

Disease modifying anti-rheumatic drugs (DMARDs), sometimes known as slow-acting anti-rheumatic drugs (SAARDs) are second line agents in RA. However, as their effects can take time to work, patients are maintained on analgesics and NSAIDs.

Generally, they are introduced after three to four months of NSAID therapy has evinced little benefit[5]. However, some experts hold that these should be added earlier in the pyramid treatment programme as there is evidence that joint damage occurs earlier in the disease process than thought.

● **Anti-malarials**
Chloroquine and hydroxychloroquine, despite being less efficacious than other DMARDs, are better tolerated than gold or penicillamine. They can be used as a first choice DMARD or in combination with gold or penicillamine[1]. They produce improvement in around 50 per cent of patients[1].

Chloroquine's benefits can take up to six months to show, but long-term use is limited by its adverse effects, which include retinopathy. It has been suggested that use is restricted to ten months in the year, likewise with hydroxychloroquine.

● **Gold**
Gold has been shown, in some cases, to induce remission and reduce the formation of new bony erosions[3].

It is available in two forms: intra-muscularly injected sodium aurothiomalate and oral auranofin. Both take around three to six months before therapeutic effects can be seen. However, auranofin is thought to be the least efficacious of the two forms.

With sodium aurothiomalate, treatment can continue for up to five years after complete remission. It is important to note that initiating second courses is not usually effective[5].

● **Immunosuppressants**
Immunosuppressants, primarily azathioprine, are often used in systemic complications of RA. One of their most notable features is that they can boost steroid effect, allowing reduced dosage.

Azathioprine's mode of action has not been fully determined, although it has been suggested it prevents the cell proliferation involved in amplifying the immune response. It can produce a clinical improvement in 70 per cent of patients[1], with the effects becoming noticeable within three months.

Chlorambucil has a similar efficacy, but is unlicensed for this indication in the UK.

Cyclophosphamide is an alkylating agent with anti-inflammatory effects used to treat severe rheumatoid synovitis, although this is an unlicensed UK indication. It has been shown to improve 70-75 per cent of patients[1]. Effects are seen within six weeks or more.

Studies in animals suggest that cyclosporin inhibits cell-mediated reactions. However, its use in RA is "best reserved for patients resistant to other drugs"[6], as around 40 per cent may experience renal impairment and hypertension. It takes three months to evaluate whether therapy is successful, and long-term treatment is still limited.

Methotrexate is a folic antagonist which has an inhibitory effect against amino acid pathways and also an anti-inflammatory action, although quite how it is successful in RA is still under investigation. It is often used early in the disease state with beneficial effects seen within three to 12 weeks.

● **Penicillamine**
Penicillamine is a chelating agent which helps eliminate heavy metal ions from the body. In RA, it is said to have a similar action to gold, albeit more patients can continue on this therapy. Some 70 per cent of RA patients will have some benefit with the drug[1], though it is commonly prescribed in conjunction with other treatments. It can take between six and 12 weeks before improvement is achieved.

● **Sulphasalazine**
Sulphasalazine is used in severe or progressive RA and is a common first choice therapy. The enteric-coated variant is preferred to minimise GI effects. Along with improvement being seen within three months, one of its advantages is that sufferers can be maintained on it for a prolonged period: over half of those initiated on sulphasalazine will remain users after three years[6].

Already, a number of other drugs are currently under investigation to tackle the immunological component of RA, such as cytokine inhibitors, recombinant tumour necrosis factor receptor, antibodies to a specific tumour necrosis factor and antibodies to CD4 cells.

Counselling tips

● Auranofin: if patient develops sore throat, mouth ulcers, fever, malaise, bruising, rash or diarrhoea, doctor must be told immediately. Diarrhoea can be minimised by the administration of bulking agents, such as bran
● Cyclosporin: to mask taste, mix with cold milk, cold chocolate drink, coke or orange juice before taking. Do not use in plastic cups
Courtesy of BNF

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Disease modifying anti-rheumatic drugs used in the UK

Drug	Formulation	Dose	Side-effects
Auranofin	Oral	6-9mg, initially in divided doses	Diarrhoea in up to 50% of patients
Azathioprine	Oral	Maintenance 1-3mg/kg daily	Hypersensitivity reactions: dizziness, vomiting, fever, muscle pain, jaundice, hypotension, bone marrow suppression, hair loss, nausea
Chlorambucil	Oral	Initially: 100-200mcg/kg Maintenance: 2.5-7.5mg daily	Bone marrow suppression, rash
Chloroquine	Oral	150mg daily Maximum: 2.5mg/kg	GI effects, headache, irreversible retina damage, alopecia, depigmentation, psychosis
Cyclosporin	Oral	2.5mg/kg divided into two doses maximum 4mg/kg daily	Hypertension, fatigue, GI disturbances, weight gain, pancreatitis, neuropathy, convulsions
Cyclophosphamide	Oral	1-1.5mg/kg daily	Nausea, vomiting, alopecia, bone marrow depression
Sodium aurothiomalate	IM Injection	Maintenance 50mg weekly	5 % of patients have severe reactions, mouth ulcers, blood disorders, alopecia, skin reactions
Hydroxychloroquine	Oral	400mg daily in divided doses initially Maintenance: 200-400mg daily	As with chloroquine
Methotrexate	Inj/oral	7.5mg once weekly Maximum 20mg weekly	Bone marrow depression, hepatic dysfunction, GI disorders, rashes
Penicillamine	Oral	Initially 125-250mg daily Maintenance: 500-750mg Maximum 1.5g	Nausea, fever, skin reactions, taste loss, blood disorders, Stevens-Johnson syndrome
Sulphasalazine	Oral	Initially 500mg Maximum 2-3g daily	Nausea, headache, rash, fever, anorexia, blood dyscrasias, GI/CNS/renal reactions, oligospermia

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Risky business

The NPA's Tim Astill

So you thought running a pharmacy was safe? National Pharmaceutical Association director Tim Astill looks at the hazards of retailing and dispensing

Risk factors? What risk factors? Surely the Department of Health is always telling us that pharmacy is a no-risk business. Why, the DoH won't even have meaningful discussions about the capital employed by pharmacists in fitting and equipping their dispensaries and in holding stock.

Who does the Department think covers the risk of changing prescribing habits, or bulk stock left over on the introduction of patient pack dispensing?

As any pharmacist whose business has been hit by leapfrogging, dispensing doctors or the opening of a supermarket will tell you, pharmacy can be a very high-risk business indeed!

Insurable risks

An insurance broker will tell you that you can insure against any risk, provided you are prepared to pay the premium. But I think of insurable risks for pharmacists as those associated with the premises (fire, flood, glass breakage, etc), those associated with the business (theft, loss of profits) and those connected with pharmacy practice – especially 'professional' liability resulting from dispensing errors, selling faulty products or giving incorrect advice.

Other third-party risks include liability to employees, for example due to the employer's negligence or failure to provide a safe working environment; and liability to members of the public arising from a seemingly endless variety of hazards: cracked forecourt, protruding nails, unguarded heaters, open trapdoors, torn linoleum, lifting carpet tiles and slippery floors.

All of these risks can be, and usually are, insured against. Insurance in some instances is compulsory: employer's liability (under the Employer's Liability Insurance Act) and professional indemnity cover (under the Royal Pharmaceutical Society's Code of Ethics).

But there are many other risks in running a community pharmacy. Most are not covered by insurance and, perhaps fortunately, most pharmacists manage to steer clear of most of them. A significant risk that affects the owners of every kind of business is that of a general downturn in the economy. It would be an exaggeration to say that pharmacy is 'recession proof', but the supporting backbone of NHS dispensing does impart a measure of 'recession resistance'.

When economic times are hard people will certainly stop buying luxuries, such as cosmetics and perfumes, but general gloom and doom does cause more people to visit their doctor! We have seen evidence of this in recent years in the form of a steady increase in the number of prescriptions written, despite the increasing financial pressure designed to persuade GPs to prescribe less.

It is this very dependence on the NHS which gives rise to the greatest risk for community pharmacists. On average, pharmacists now depend on NHS dispensing for around 70 per cent of their turnover and perhaps 55 per cent of their income. Having so many eggs in a Government monopoly basket is hazardous indeed.

Continued pressure by the Department of Health has steadily eroded the gross margin on dispensing from a high of more that 25 per cent in the 1970s to what is now less than 16 per cent. For very small contractors (those dispensing relatively few prescriptions) the scene is even more bleak, as the Government seeks to force them to close by indiscriminate financial attrition.

It is true that there are no more than a few hundred such pharmacies, but overnight they were told that their income from dispensing would be drastically reduced, and many will find it impossible to make up the shortfall by increased or more profitable retail sales.

This move followed the report of the National Audit Office, which found that there are, in its opinion, places in Britain where there are too many small, uneconomical pharmacies. It is difficult to understand why the Government should seek to close pharmacies when overall remu-

neration is now based on a global sum – a finite cake from which all contractors are entitled to a slice, depending now only on the number of scripts dispensed.

The number of pharmacies makes no difference to the Government's outlay, so why bother to seek these enforced closures? Surely it would be better for all concerned, especially patients, if instead of concentrating so much on quantity, the Department were to address the question of quality. Many small pharmacists provide a superb service and, conversely, there are large dispensing businesses from which the pharmaceutical added value is virtually non-existent.

The time has come when the remuneration of pharmacy contractors, or at least a substantial proportion of it, should be geared to the attainment of agreed quality standards, maintained by an agreed system of audit.

Competition

Dependence on NHS dispensing also makes pharmacies highly vulnerable to competition from other pharmacies and dispensing doctors. It has been said that the three most important criteria for a successful retail business are location, location and location. Pharmacies are far more geographically sensitive than most businesses because patients have a strong tendency to take their prescriptions to the pharmacy nearest the point where it is written.

Typically, a pharmacy within, or adjacent to, a health centre or large group practice will dispense around 85 per cent of the prescriptions written by the doctors in those premises. The regulations which introduced the 'necessary or desirable' requirement for new pharmacy contracts were welcome, and have resulted in a sharp reduction in the leapfrogging, which previously was rampant.

There can be few things more traumatic in the life of a pharmacy owner than to learn that someone is proposing to open an outlet between you and your main surgery. At least it is now possible to argue that the new dispensing contract should not be permitted because the existing pharmaceutical service is adequate.

Unfortunately, this protection is far from complete. The Court of Appeal has recently confirmed earlier rulings that 'minor' in the phrase 'minor relocation' refers to distance and population rather than the likely effect of opening a new pharmacy.

Interestingly, by reference to the Department of Health's original guidelines, the Court accepted that the intention of the regulations was to ensure that any new contract granted would not result in any significantly adverse effect on existing contractors in the locality. But the Court said the regulations, as approved by Parliament, did not have this effect.

It will be interesting to see whether health ministers are prepared to take note of this judgment and amend the regulations, so that minor relocation is only available, as intended, to those pharmacists who are forced to move (eg by compulsory purchase or failure to renew a lease) or who choose to do so over a short distance without upsetting the 'dispensing balance' in the neighbourhood.

Unless they do, it is clear that leapfrogging will continue under the guise of 'minor relocation', so many community pharmacies will continue be very vulnerable.

It is this very dependence on the NHS which gives rise to the greatest risk for pharmacists

In rural areas, the threat tends to come not from other pharmacists, but from dispensing doctors. In Sweden, a country approximately the same size as the UK, but with only a fraction of its population, everyone gets an excellent pharmaceutical service via a pharmacy under the supervision of a pharmacist. If they can do it, so can we.

There is simply no need for doctor dispensing, which, under the present system in this country, amounts to a blank cheque for the doctor. Not only is dispensing from the surgery usually carried out by unqualified staff, there is normally little by way of professional supervision.

Furthermore, the dispensing is not checked in any way, so there is little by way of an audit trail to confirm, on behalf of the taxpayer, that the doctor has actually supplied the medication for which he is claiming payment, or, indeed, that he has actually supplied anything at all!

It is the policy of the present Government that prescribing and dispensing should be kept at arm's length in order to avoid conflicts of interest. Unfortunately, the politicians are not prepared to enforce this policy by legislation unless the two professions can agree. It hardly seems worth saying that this is highly unlikely!

Legal risks

A textbook covering all the aspects of law likely to affect a community pharmacist would be a very thick tome. The undergraduate course deals with the law relating to medicines and the practice of pharmacy. It is, rightly, a compulsory part of every pharmacy degree. At least in theory, therefore, every pharmacy graduate should be familiar with the Medicines' Act, the Misuse of Drugs Act and the NHS Regulations.

But what of the rest of the enormous legal umbrella under which community pharmacists practise? Much of this is criminal law, where a breach can have serious consequences, including an almost automatic appearance before the Society's Statutory Committee.

One thinks of the legislation concerning weights and measures, trade descriptions, food and drugs, and the vast and increasing body of regulations concerned with health and safety: COSHH, CHIP, fire safety, electrical safety, manual handling, product safety – the list seems endless.

Then there is so-called consumer law. We live in a 'nanny state' where, it seems, the law seeks to protect the public against every eventuality and mishap, whoever is to blame. Retailers have long been 'strictly liable' if they sell faulty products, and that liability now extends to manufacturers and importers.

Sometimes it also seems that the law is more interested in looking after the wrongdoer than the victim. In a recent case, for example, a pharmacist was required to pay compensation to a burglar who, having broken into the pharmacy in the early hours of the morning, fell through an open trapdoor into the basement!

Similarly, in the field of employment law, tribunals appear to bend over backwards to award compensation against dismissed employees, even where the worker concerned has admitted theft or some other act of gross misconduct. In a leading case, an employee had been dismissed for gross insubordination, but the dismissal was found to have been unfair simply because the employer neglected to tell the employee concerned that he had a right of appeal!

Of course, not all law is bad or even undesirable. Reference has already been made to the regulations providing for control of the granting of NHS dispensing contracts. We are also fortunate, at present, in having Resale Price Maintenance on proprietary medicines.

Since the judgment of the Restrictive Practices Court in 1970, pharmacists have, if anything, become more reliant on the modest profits made from the sale of over the counter medicines. The Court found that the removal of RPM could have serious and even fatal consequences for some community pharmacies, and that, the Court believed, would not be in the public interest.

Most pharmacists would also agree that it would not be right for medicines to be promoted on price. I visited a pharmacy in Las Vegas earlier this year and was amused to see a notice on the dispensary counter, "50 Bayer's aspirin free with every prescription dispensed this week"!

The Office of Fair Trading has recently announced an investigation into the rights and wrongs of RPM and has publicly stated that it is anomalous and should be removed. This is undoubtedly a serious risk for community pharmacy and the NPA is joining with other pharmaceutical organisations to resist the OFT's moves, taking the case before the Court again if necessary.

Remedies

It is difficult to see what individual pharmacists can do to protect themselves against some of these risks. Insurance is available and it is certainly now possible for pharmacists to resist threats from leapfroggers and dispensing doctors by force of argument. Pharmacists can also lobby their members of parliament where it seems that legislative changes are likely to pose a threat.

There are many risks which pharmacists can reduce or even eliminate by direct action. It is surprising, for example, how many pharmacists attempt to open a pharmacy without drawing up a business plan, a forecast profit and loss account or (most importantly) a cash flow analysis. The advice of the NPA finance department is often sought by pharmacists who, part way through the second or third year of profitable trading, cannot understand why their overdraft is increasing!

Lack of business skill and acumen can be remedied by appropriate training or seeking qualified advice in good time. Professional skill and knowledge should be kept up to date by regular training. The pharmaceutical profession is going to find itself taking on more varied tasks and increased responsibility. These role extensions will be welcomed by most pharmacists, but can easily become an additional risk factor without appropriate back-up.

Never forget that increased responsibility brings with it an increased potential liability.

25 years of success for

Many women discover they are pregnant using a Predictor home pregnancy test kit, but did you know that Predictor was responsible for the birth of Chefaro UK back in 1971? Twenty-five years on, both the company and its flagship product are still doing well!

In the cut and thrust of the business world, companies come and go with alarming regularity. Chefaro UK, however, has stood the test of time and this year celebrates 25 years in the UK market.

The name Chefaro is derived from a shortened form of Chemical Factory Rotterdam, which was originally founded in 1933, but it was the launch of Predictor in 1971 that saw the setting up of subsidiaries outside Holland.

In the UK, Chefaro opened up for business with three products in its portfolio – Predictor, Endocil and Owbridges. Both Endocil and Owbridges had been distributed previously by Organon, another company in the AKZO Nobel organisation.

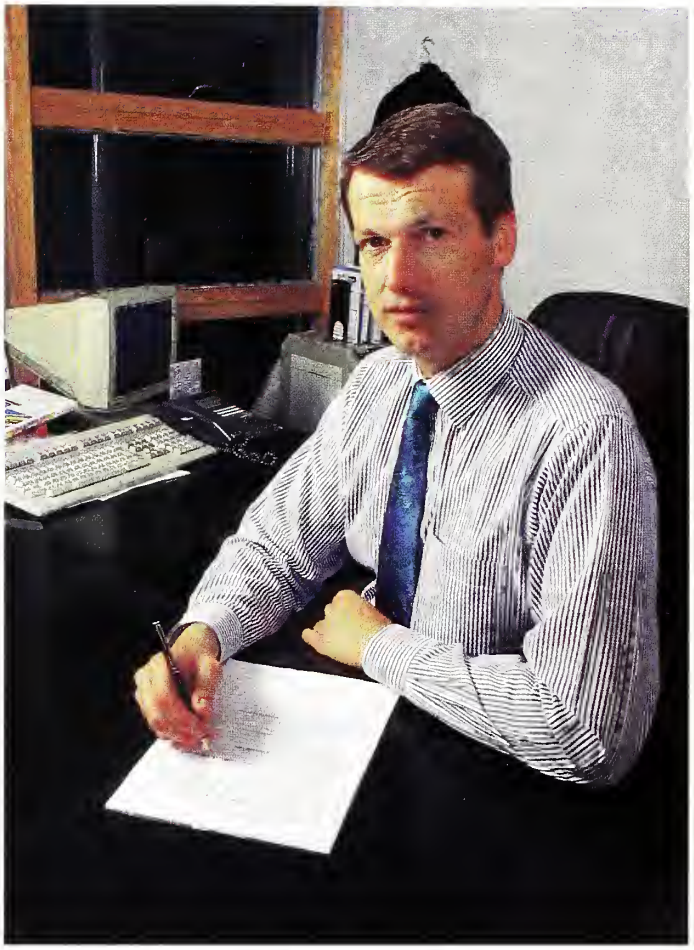
By bringing them under the control of Chefaro UK, a subsidiary handling OTC healthcare products was born and was soon looking to attract more business.

Over the years, Chefaro has brought its marketing and distribution expertise to a wide range of products. Well known brands like Slim Fast and Ciba Vision owe their success, in part, to Chefaro.

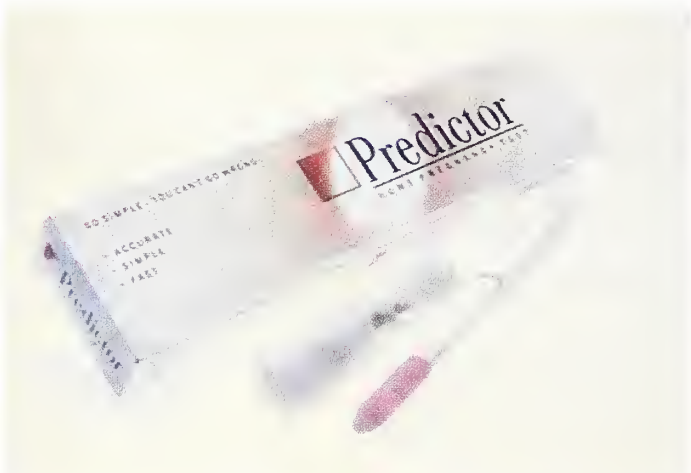
Even after 25 years, the company's portfolio is still dominated by products that are either market leaders or close runners-up, and by names that are instantly recognisable in the pharmacy sector.

As part of the AZKO Nobel organisation, Chefaro UK continues to have access to research and development facilities and marketing expertise worldwide.

"We will continue to grow by carefully selecting the products we market and distribute. Each range we handle is dealt with individually and all activity is carefully planned to suit the different markets in which we operate," says Chefaro UK's General Manager Caspar van Dongen. "The key is using marketing budgets, whatever their size, to gain maximum impact and this requires a creative approach



Chefaro UK's General Manager Caspar van Dongen



First all the way!

Nowadays, home pregnancy tests are a familiar sight on-shelf, but back in 1971 Chefaro was the first company to introduce the technology that made such tests possible. Twenty-five years on, the company remains just as innovative and continues to lead the way in the market in terms of well targeted advertising support.

Predictor was the first home pregnancy test kit to be advertised on radio in 1994 and on TV a year later. As a result, Predictor has been the only major brand growing in the market, says General Manager Caspar van Dongen.

Volume sales are up 30-35 per cent, giving Predictor its highest market share in ten years. Such success has also helped grow the home pregnancy test market in the independent pharmacy sector by around 15 per cent for the second consecutive year.

To boost sales still further a national TV advertising campaign for Predictor is currently running with further activity planned throughout the year. Chefaro may have sold four million Predictor home pregnancy test kits over the past 25 years, but the best is obviously yet to come!

Chefaro UK

It's a jungle out there ...

Jungle Formula is a good example of Chefaro's success in developing a product's potential. The Jungle Formula Company was purchased by Chefaro UK in 1992 and since then sales of this insect repellent have soared. Such success is due to the close links Chefaro has forged with the retail pharmacy sector and the company's clever use of POS material, educational literature and sampling.

"We took the educational route because it became clear from research that the awareness of insect repellents was low," says Chefaro's Caspar van Dongen. "We have concentrated our efforts on telling people why they should use an insect repellent. The market has grown from £2.4 million in 1992 to be worth £4m in 1995, with Jungle Formula closing the gap between itself and the market leader.

"There are more and more cases of malaria being reported in this country by people returning from long haul trips. Pharmacists are ideally placed to encourage people to take the necessary steps to protect themselves before they travel."

Comprising six lines, Jungle Formula is a compact range which sells well all year round. The peak selling period may be May-August, but the rest of the year still accounts for 40 per cent of sales.

"While the aerosol is the best-seller in the range, all six lines should be stocked because they contain different levels of DEET, ranging from 50 per cent in the liquid to only 20 per cent in the junior roll-on. The most suitable product recommendation will depend on the person using it and their destination," says Mr van Dongen.

The sweet smell of success

The most recent addition to the Chefaro line-up is Logado – an aromatic inhaler to be used by anyone wishing to stop smoking. Launched into a market that interests many pharmacists, Logado is yet another example of how Chefaro has the interests of the pharmacy sector at heart.

Logado is a viable alternative to nicotine replacement therapy and has a similar success rate. "The smoking cessation market is mostly based on nicotine, but that is only one part of the problem," says Caspar van Dongen. "The behavioural, psychological and emotional elements attached to cigarette smoking can be just as addictive. Logado's aromatic scents give the would-be quitter the idea that they have smoked a cigarette without relying on nicotine."

Nicotine, he points out, is also contra-indicated for a number of people. "This is the time of year when a lot of people decide they want to stop smoking. The pharmacist knows to check whether that customer has any problems with nicotine replacement therapy in the form of contra-indications. If they do, Logado is the safe alternative they can recommend."

Recognising that Logado is different from anything else on the market, Chefaro is keenly aware that a huge education job is needed to build awareness of its product benefits. Activity under way includes linking up with a psychologist who runs courses nationally on stress-related problems of which smoking is one of the main problems encountered.

and a comprehensive understanding of both the brand and the healthcare market place. We also believe in forging close links with the pharmacist for mutual long-term benefits. This policy has proved successful for 25 years and Chefaro will continue to build up a portfolio of products that are pertinent to the pharmacy sector."

Join in the celebrations

Pharmacy staff can join in the year-long celebrations, with Marks & Spencer vouchers available for orders on products in each sales cycle. Scratch cards with questions testing staff knowledge of Chefaro products will also be available. Those answering correctly can win prizes of up to £1,000.

C'est chic!

Think of Pierre Fabre and the image conjured up is one of premium skin care and body care. Aware that such products need a different marketing approach, Chefaro has devised an exclusive club for independent chemists – the Chic Club.

In return for participating in a year's programme involving three product promotions, members will be supported with a full PR programme – designed to create awareness of the member pharmacy in its locality.

"Elancyl and Klorane are two exclusive dermo-cosmetic brands restricted to Pharmacy only distribution. The Chic Club is designed to help our pharmacy distributors maximise their profit potential," says Mr van Dongen. "When staff members are fully-trained, club members will reap the benefit from extra sales."

The script for success

The relationship between pharmacists and the pharmaceutical industry has long been fraught with problems and suspicion, but it doesn't have to be that way. A two-day conference offered over the counter manufacturers new approaches to building partnerships with their potential customers: not just consumers, but pharmacists, too

The role of the pharmacist is often crucial in building the success of an over the counter product, but with so many brands vying for pharmacy recommendation, manufacturers have to make their products attractive to pharmacists and consumers.

This was the central message in a two-day conference devoted to winning pharmacist recommendation and building brand loyalty. Various speakers outlined opportunities that manufacturers have, as yet, not capitalised upon to strengthen their partnership with pharmacists.

Niels Kristensen, pharmaceutical adviser to the Danish Pharmaceutical Association, revealed that, in his country, manufacturer training had a major impact on pharmacist recommendation.

Danish pharmacists operated a first choice product for OTC medicines. One example graded all products within category sectors on clinical aspects, such as formulation, pharmacology, compliance, interactions and use in pregnancy. Once this had been totalled, the advertising and materials offered by manufacturers to pharmacists were then considered, before a first choice recommendation was deduced.

One Israeli company has spent the past five years developing a different approach to its pharmacy customers. Ami Blay, marketing service manager of Teva Pharmaceutical Industries, advised delegates to "listen and answer these needs".

His company became aware that Israeli pharmacists were experiencing a knowledge gap between undergraduate teaching and the skills demanded of a modern pharmacy.

Mr Blay's answer was a structured 40-hour continuing education course, split into blocks of ten sessions. The courses were unbiased, free from any mention of Teva's products and covered a range of topics, such as paediatrics, herbal medicine, drug interactions, dermatological problems and clinical characteristics of USSR émigrés. These courses now attract attendance from 22 per cent of all Israel's pharmacists.

The result of what he termed a "surprisingly inexpensive" approach was a company with a stronger reputation and credibility in the eyes of its customers.

While this concept garnered the interest of a number of delegates, the National Pharmaceutical Association's deputy director, John D'Arcy, emphasised that manufacturers were not making best use of the contact they already had with pharmacists.

He suggested that companies provide more advice to pharmacists. "I think more information will engender mutual respect from the pharmacist," he said.

But the lone dissenting voice came from Stephen Greenhalgh, senior marketing consultant at Coopers and Lybrand and former UK Vicks brand manager. He believed manufacturers should focus on the consumer. "Don't be surprised that health professional recommendation is not the most important factor [in OTC purchase]," he said.

Ami Blay's courses strengthened Teva's reputation and credibility

Market opportunities

Pharmacists and manufacturers should note which product sectors exhibit growth potential, said Annette D'Abreo, sales and trade marketing director for Ceuta Healthcare.

She cited 14 categories which Nicholas Hall Research has targeted as set to grow faster than the over the counter market as a whole.

The sectors are:

- analgesic/anti-ulcerant combinations
- migraine treatments
- hypnotics and sedatives
- gout treatments
- travel sickness remedies
- irritable bowel syndrome remedies
- eczema and skin allergy treatments
- topical antibiotics
- topical anti-virals
- urinary treatments
- fibre/cholesterol-lowering products
- antioxidants
- gamma-linolenic acid
- gingko biloba

Threat from grocery not imminent

Pharmacists should breathe a sigh of relief following Stephen Painter's (category buying controller of Safeway) comments that grocery was not set to dominate pharmacy – there are currently only 356 supermarket groceries and he forecasted that the number would only double.

But independents should not rest on their laurels, as supermarkets saw the $55 billion non-food market as a huge opportunity and the power of the grocery multiple would increase in the OTC sector. So while supermarkets would never dominate, they would be a constant challenge, he said.

Mr Painter also hinted that script sales could ultimately be handled at the check-out and predicted that there may be a change here within the next five years.

Adding added value to customer services

Independent pharmacies have to look at the added value services they offer because this was the root of their future survival, advised Linda Ferguson, associate director of Taylor Nelson Healthcare.

While spelling out that pharmacies should be the first port of call for consumers, she stressed that the multiples' intention to build on the services they offered threatened the "uniqueness" of the independent.

Her advice was to "learn to upgrade their environment to make it more appealing", while emphasising their added value, such as the services they offer to nursing homes.

Linda Ferguson

John D'Arcy, deputy director of the National Pharmaceutical Association, pointed out that pharmacists brought their added value to the realm of OTC medicines by not perceiving them as "ordinary items of commerce. Pharmacy medicines are treated with respect". He added that the pharmacy assistant protocols was another added value.

But he called upon manufacturers to bring added value into the equations, not just by mentioning the pharmacist when advertising OTC products, but in their increasing advisory role for pharmacists. "Pharmacists will need help in assimilating knowledge from manufacturers and the NPA is ideally placed as a channel between manufacturers and pharmacists."

Call for consistent brand images

While many may think of shelf wobblers and counter units as quintessential parts of POS material, Tony Philp, sales director UK and Ireland for Milupa, had a more radical idea.

There was still a limited opportunity for display material, he said, but believed the real future lay in 'intellectual visibility'. For brand promotion and recommendation, there had to be one vision, one story.

A company had to support the image of its brand consistently throughout the cycle, whether it was display material, television advertising or promotional literature in a pharmacy, GP surgery or wherever.

The support pharmacy needed now was much more detailed than in the past, he believed. "They need data and with micro marketing techniques, you can provide it," he told delegates. Using RSA and In-track, very detailed and specific information could be given to individual pharmacies: "down to the postcode". Treat independents as you would multiples was his advice.

Mr Philp also maintained that there should be no barrier between commercial development and educational development. "Selling today is about understanding the whole supply chain," he said.

Tony Philp: one vision, one story

Kent pharmacist struck off for dispensing expired medicines

A pharmacist who dispensed medicines which were up to two years out of date has been struck off by the Royal Pharmaceutical Society's Statutory Committee.

It was the fourth time that Patrick Logan, 56, of Beckenham, Kent, had appeared before the Committee and the second time he had appeared regarding out of date medicines.

The Committee had heard that a script made out for a female patient for antihistamine tablets before she went to Greece on holiday was later discovered to be two years out of date (*C&D* December 9, 1995, p848).

The prescription had been supplied from a Greenwich pharmacy owned by Mr Logan. Society inspectors who visited Mr Logan's other premises in New Cross, London, on December 9, 1994, also found three packs and a plastic bottle of antibiotics, with no batch number or expiry date, on the shelves.

Announcing its decision in a written judgment, the Committee stated that it found Mr Logan guilty of misconduct.

The Committee was unconvinced that Mr Logan's enquiries into the matter had been pursued with vigour they should have been. This attitude went hand in glove with the hollowness of assurances that he had earlier given the Society.

"We think he used his assurances as a means of fobbing off the attention of the Ethics Committee," the Commitee said.

Fending off OTCs

The increasing number of OTC products meant that products once unique in their market, like Zovirax cold sore cream and Canestan, must now protect their market position, believed Linda Ferguson, associate director of Taylor Nelson Healthcare.

Zovirax in tablet form is already off patent and Canestan has Diflucan as a competitor. Canestan had responded by launching a number of different strengths. Ms Ferguson believed this had led to consumer confusion: research showed that the 1 per cent cream was used widely by young women to treat thrush, but it may have little effect, leading to low customer satisfaction.

Consumer trends

Consumers were getting smarter, less brand loyal, more own-brand receptive and more inclined to self-medicate, said Karen Scollick from Smithkline Beecham.

Research by SB, in conjunction with a multiple chain, concluded that consumers shop by ailment rather than by brand. Re-arranging shelf space and organising it by ailment within a category increased total category sales by 5 per cent and profit by 7 per cent; SB's brand sales had improved by 6 per cent above expected growth levels.

SB was offering to remerchandise displays for pharmacists to increase sales, but so far it had only worked with multiples.

Queen's offers new approach to diplomas

Northern Ireland pharmacists are being offered the opportunity to use previously undertaken distance learning courses to gain exemptions from parts of the Queen's University of Belfast diploma and MSc courses in community pharmacy.

The new move offers exemptions in certain subjects from January 1, provided the applicant has achieved 70 per cent in relevant distance learning courses offered by the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training. The qualifying courses must be have been undertaken inside two years of starting the diploma course.

Students will be required to complete the related CPPET course and one other course to obtain an exemption. These will be given on a maximum of five tutor-marked assignments, and one workbook, out of a total of five for the diploma.

Students will still be required to sit the examinations in all ten University units, even those where exemption has been obtained.

The two organisations are also to examine whether exemptions can be linked to a reduction in the cost of the diploma course.

Although only available to pharmacists in the Province, there are plans to extend it to the remainder of the UK. For further details contact: the School of Pharmacy, Queen's University of Belfast BT9 7BL.

Assisting the pharmacy assistants

Howard Barnes (Rhone-Poulenc Rorer) and Peter Mumford (Upjohn) emphasised the growing importance of pharmacy assistant recommendation, which currently stands at between 10-15 per cent of sales.

Upjohn's Peter Mumford

There were 50,000 pharmacy assistants in the UK who needed to be targeted carefully by manufacturers, said Mr Barnes.

Pharmacy assistants were bombarded with information, both in the workplace and as consumers. Assistant training material had to be well thought out, he emphasised. RPR research had found that the key point was straightforward product information which communicates the specific product benefits and prepares them for the 2WHAM. Mr Barnes said the style should be fun and informal.

Both men agreed that competitions were good ways to motivate assistants.

Translation tape to aid ethnic dispensing

A Glasgow pharmacist wants to make an audio tape to help combat problems ethnic groups face with their medicines.

Carole Anderson, who is based in a pharmacy in the Gorbals, has been undertaking a primary care project aimed at producing prescription labels in Urdu and Hindi for the local ethnic population. The study originated after she realised there was high repeat prescribing of antibiotics, indicating patients were unable to read the English labels.

There has been a lower than anticipated uptake of the translated labels due to adult illiteracy, so Mrs Anderson now hopes to involve five other pharmacies in producing an audio tape for ethnic groups. The tape would carry a brief message in the appropriate language, including label instructions and why medicines should be taken as directed.

The project was originally funded by the Health Board, but has now passed to the Primary Care Development Fund. The audio tape project will continue subject to an extension to the project being granted.

NPA is 75 this year

The National Pharmaceutical Association is celebrating its 75th anniversary this year. Among the events that it will be organising is an anniversary exhibition at the NPA Show in June.

When an Inland Revenue representative wanders into your pharmacy, it may not be a random act but the culmination of months of research into your type of business. David Cunliffe, tax investigation specialist with KPMG, reveals all

Enter the Taxman ...

The Inland Revenue conducts in-depth investigations of around 3 per cent of businesses every year and in 1994 collected additional revenues of £1.6 billion. However, it will not reveal which trades are investigated most often by local tax inspectors.

There are many reasons why a particular business may be under scrutiny – for example, low drawings by the proprietor or large sums of unexplained capital introduced into the business.

Quite often, investigations are prompted by information sent to the Inland Revenue by a third party. This includes not only informers but also financial institutions. Sometimes, all local businesses carrying on the same trade are closely reviewed by local tax districts as potential cases for investigation.

Anyone who has worked in the Inland Revenue as an investigator knows that among the favourite targets are trades for which the gross profit rate (GPR) can be easily calculated. This includes dispensaries. The GPR is the profit before expenses (other than goods for resale) as a percentage of turnover.

For example, a business showing a gross profit of £25,000 per £100,000 of turnover will have a GPR of 25 per cent. It is very straightforward for an inspector to calculate the GPR for a dispensary from the business accounts.

A dispensary's accounts showing a GPR of 25 per cent would probably be investigated if previous accounts for the same business showed GPRs several percentage points higher, unless the inspector could be persuaded that there were good reasons for the fall. Marked fluctuations in GPRs over several accounting periods will also arouse the inspector's interest.

GPRs investigated

Most tax districts collect comparisons of the profit rates of similar local businesses and if one particular business shows a lower than average GPR for the area, it is more likely to be investigated. Even if the GPR goes up, an investigation cannot be ruled out – examples have been seen of inspectors starting an investigation because the GPR had *increased*. For certain trades, including dispensaries, the Inland Revenue has produced detailed notes for the guidance of investigating tax inspectors. These are split into two parts: the 'Business Economic Note' (BEN) and the 'Business Investigation Tactical Note' (BITN).

BENs contain factual background information about particular trades and may be purchased by the general public and their professional advisers (the one for dispensing pharmacists was published in June, 1995). However, BITNs are confidential for tax inspectors only, and contain detailed guidance and tactical tips on how to investigate the accounts of such traders.

Both sets of notes are produced by a special unit within the Inland Revenue, which carries out extensive research into a particular trade or profession before producing a new set. Among the sources of research will be professional bodies, manufacturers and trade associations, plus information from tax inspectors about previous investigations into that particular trade.

In addition to the notes, the Revenue unit retains a wealth of unpublished data which any investigating tax inspector can call on. Therefore, when an investigation starts, it must always be assumed that the inspector knows a great deal about the trade, how it operates and how profitable it can or should be.

To date, the Inland Revenue has published 22 BENs on various trades and professions. Number 22 covers dispensing pharmacists and contains a detailed appendix comparing GPRs on NHS dispensing from 1986/87-1993/94. Over that period, the table shows average GPRs on 1,500 prescriptions per month falling from 26.8 per cent to 21.4 per cent, and for pharmacists dispensing at the rate of 3,000 prescriptions per month the fall has been from 22.7 per cent to 18.4 per cent.

Typical rates of GPR on non-NHS sales are also given. The inspector will find this information invaluable when reviewing the accounts for a particular dispensary. If the GPR looks lower than he would expect, he will suggest that the taxable profits should be higher. There could, of course, be good reasons for a lower than average GPR, such as little or no volume of sales in high-margin products.

It is likely that pharmacists will be at a statistically higher risk of an investigation over the next two years

When the business accounts are sent to the Inland Revenue, it is generally advisable for the pharmacist's accountant to give full details of the reasons for a low GPR and of any other factors adversely affecting the profits for that particular year. Tax inspectors closely review business accounts for trades covered by BENs. Recent issues of such notes tend to provoke even closer scrutiny.

It is therefore likely that dispensing pharmacists will be at a statistically higher risk of an investigation over the next year or two. The fact that the Inland Revenue will not produce statistics to prove this will be of little comfort to the pharmacist who is selected for investigation simply because his GPR is lower than the so-called average.

Coming soon: what to do when your number is up and the man is in your shop.

New look for Chemex 96

Chemex 96, the healthcare and beauty show, will take place on September 1-2 at Olympia 2 in London.

Major manufacturers and distributors will be exhibiting new products and holding educational seminars with hands-on information for retail pharmacists.

The international pavilion has been expanded and many overseas exhibitors will be launching new products into the UK at the show.

Those wishing to attend Chemex can register on 01304 614644 and will automatically receive a gift pack of launch products. As well as the free gift, sponsored by Tru-Alo, there will be a free draw to win a holiday in Queensland, Australia, to see how Aloe Vera is grown and processed.

● Miller Freeman Exhibitions. Tel: 0181 302 8585.

Surgichem in joint venture with Ashbourne

Surgichem and Ashbourne, the nursing home group, have formed a joint venture to buy a pharmacy in Scotland.

Ashbourne holds 51 per cent of the joint venture, called Elders Pharmacies, with Surgichem having the remaining shares. The Stirling pharmacy will supply Ashbourne's eight nursing homes in Scotland with the Nomad monitored dosing system and other pharmaceutical care services.

A spokesman for Surgichem says that at the moment the purchase of the pharmacy in Scotland is "as far as it [the joint venture] is going" – there are no plans to start a chain of pharmacies. David McNaughton will be the pharmacy superintendent.

Hills buys 11 pharmacies

Hills, the fourth largest pharmacy chain in the UK, has started the new year with more acquisitions.

The company has bought nine shops in South West Wales, six near health centres, the remainder in High Street locations.

The stores, a geographically distinct part of a larer chain, had a turnover of $6.5 million in 1995, 75 per cent of which was NHS business. The shops join Hills' other 17 outlets in the region.

Hills has also bought two pharmacies in Aldershot, which had a turnover of $1.82m in 1995, with 80 per cent NHS business. Both are well established businesses in heavily populated areas, close to their prescription sources.

In both cases all existing shop staff have transferred to Hills.

Nutricia faces price controls

Nutricia will be required to restrict the prices of its gluten-free and low-protein foods after a report by the Monopolies and Mergers Commission.

The decision comes after Nutricia's merger with Valio International UK, now known as Scientific Hospital Supplies, last February. The MMC approved the merger and concluded that it would not have any effect on the enteral clinical nutrition product market. However, it expressed concern over Nutricia's market share for gluten-free and low-protein products.

The merger gave Nutricia 88 per cent of the gluten-free and low-protein food markets – over 90 per cent for certain products, including breads, rolls and flour mixes.

John Taylor, the competition and consumer affairs minister, announced the restrictions after the MMC report concluded that the acquisition of SHS by Nutricia could be "expected to act against the public interest by strengthening Nutricia's ability to increase prices for a number of specialist gluten-free and low-protein products".

The Commission has recommended that Nutricia should raise prices by no more than the change in the retail price index, minus 2 per cent, for the next four years.

A spokesman for Nutricia said that the company had not yet received the full report from the MMC. However, the next step is expected to be for the company and the director general of Fair Trading to sit down and discuss the precise details of the report and the measures that may be taken.

NPA strikes Midland card deal

The National Pharmaceutical Association has struck a new deal with Midland Card Services to provide debit and credit card services to its members.

The new deal will give members a service where fixed costs are low. Terminal rental charge will be $5 a month under the deal compared to $15-$17.50 from most other providers. Credit card transaction charges will be based on volume rather than average transaction charges. Switch and Visa debit card transactions will cost 30p each.

There is a joining fee of $50 and the only equipment needed is a telephone line. Members of the scheme do not have to bank with the Midland: receipts can be paid into any bank. The service is available throughout England, Wales and Scotland. The NPA is still working on a deal for Northern Ireland.

● The NPA has also negotiated a special rate for members for overnight deliveries of documents and small packages with Group 4 Nightspeed.

The rates apply to Nightspeed's Databag service for documents up to 2kg and small packages up to 25kg.

Group 4 Nightspeed is licensed to carry medicines and the NPA suggests members may use the service to deliver medicines and other products to nursing and domiciliary care homes or to return items to suppliers.

Hoechst to cut workforce by 8,000

Hoechst, the German drugs company, is to cut 8,000 jobs worldwide over the next year. The move will integrate all areas of the pharmaceutical businesses of Hoechst, Roussel Uclaf and Marion Merrell Dow.

The job losses will be spread evenly throughout Europe, the Americas and Asia. Research sites at Swindon, UK; Cincinnati, US; Gerenzano, Italy; and Strasbourg, France, will be closed and the company will focus its research activities in four locations: Frankfurt, Germany; Romainville, France; Somerville, US; and Kawagoe, Japan.

Wherever possible, explains the company, employees will be given the chance to move to another location, but the closures will result in the loss of around 1,200 positions in the R&D division. The company plans to concentrate its research resources on biotechnology because it believes that this is the main basis for further medical progress.

The number of sites producing pharmaceutical intermediates and active ingredients will be reduced from 16 to ten and more than half of the 77 manufacturing and packaging plants Hoechst operates will be closed.

The company estimates that the restructuring will be complete by the end of this year and that it will cost around $800 million. However, it believes the restructuring will generate savings of $800m in 1997.

Glaxo US approvals

Glaxo Wellcome has received regulatory approval for an OTC version of Zantac in the US. The Food and Drug Administration also cleared Valtrex, a new oral therapy to treat recurrent outbreaks of herpes and Nimbex.

Medeva settles US litigation

Medeva has settled out of court with a number of US investors, who had initiated a class action securities litigation against the company. Medeva continues to deny any wrongdoing, but agreed the $6.75 million (£4.38m) settlement "to avoid the further costs and executive time which the continued defence of this suit would have required", said Dr Bill Bogie, Medeva's chief executive. Medeva and Janssen Pharmaceutica International are to co-develop and distribute Medeva's hepatitis B vaccine in the Asia Pacific region, excluding Japan.

Asda expands vitamin range

Asda is planning to expand its current range of own-label vitamins and minerals from 17 basic lines to more than 50. The move could trigger a price war and comes two months after Asda was forced to stop discounting branded vitamins and minerals after manufacturers won an injunction against the chain.

SB buys in Germany

Smithkline Beecham has bought the German mass market OTC medicines manufacturer Abtei Pharma-Vertriebs for DM203 million (£92m). Abtei is Germany's leading manufacturer of vitamins, minerals and natural medicines for sale in grocery stores with 1994 sales of DM110m (£50m). The deal will make SB Germany's leading consumer healthcare company. SB already has a strong position in pharmacy in Germany with its Eunova multi-vitamins and its Cetebe vitamin C product.

Astra research deal

Astra has signed a research agreement with US company Millennium Pharmaceuticals. The agreement aims to identify and sequence genes to identify targets for pharmaceuticals, primarily those for the treatment of asthma, chronic bronchitis and allergic rhinitis.

Change at Chiroscience

Chiroscience has appointed Christine Soden, formerly of Medeva, to replace Peter Keen as finance director and acting company secretary.

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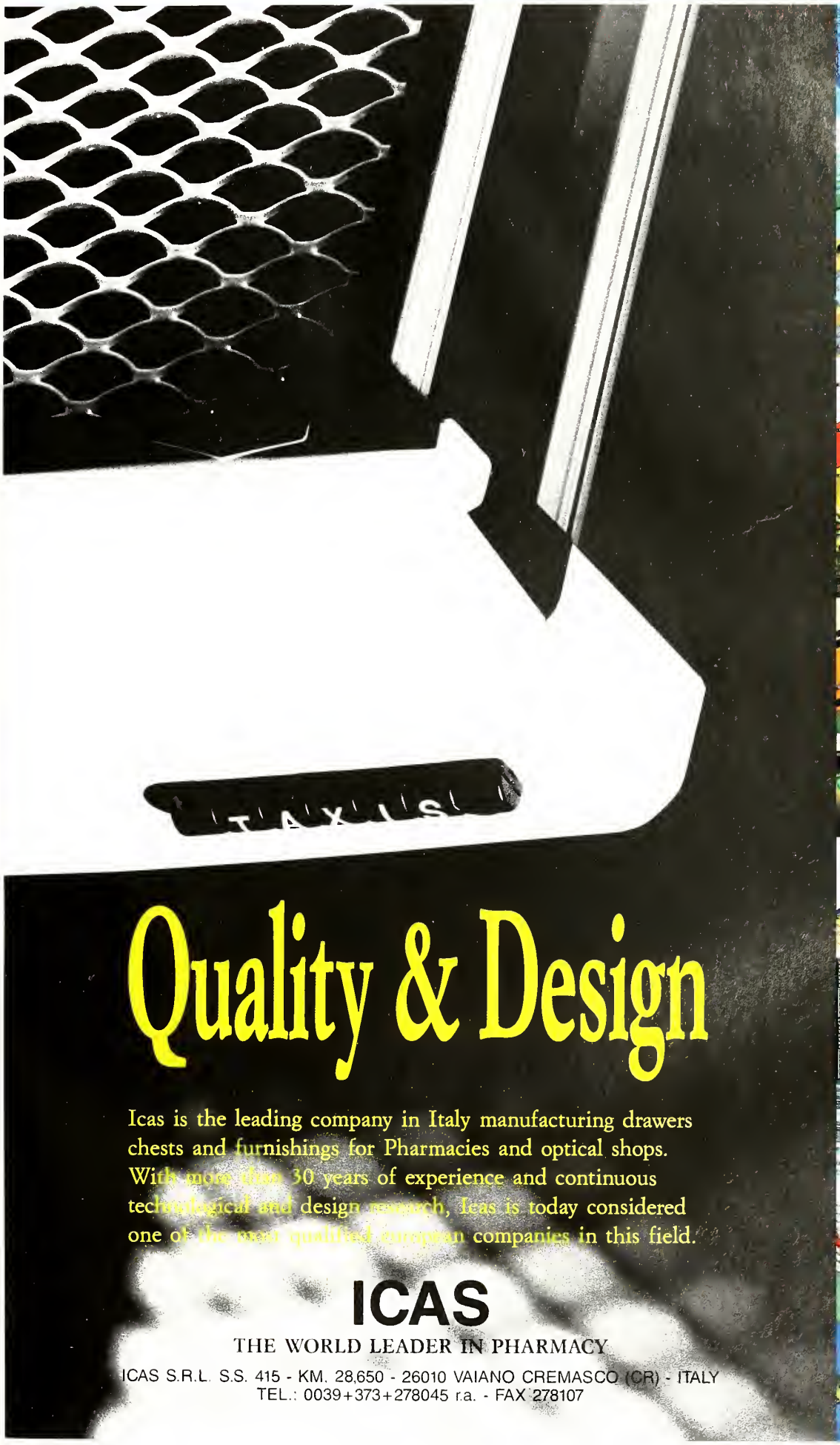

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ABOUTpeople

MBEs for four pharmacists

Four pharmacists have been made Members of the Order of the British Empire in the New Year Honours list.

Anne Prasad, executive editor of the *British National Formulary*, gets her MBE for services to the medical and pharmacy professions. Mrs Prasad says she is very honoured, and that the award also reflects the work of all the staff on the *BNF*.

Qualifying in 1957, Mrs Prasad first worked at University College Hospital and then spent some time in community pharmacy and in France. She joined the Pharmaceutical Society in 1973 to work on *Martindale*. In January, 1985, she was appointed executive editor of the *BNF*, a post she will be retiring from in May.

Charles Bannister, a retired pharmacist from Harrow, Middlesex, has been awarded his MBE for services to the community.

Mr Bannister first began voluntary work after the war and has served on the executive of the India Association. His many accomplishments since include: initiating a lifeguard club at the Serpentine, Hyde Park, London, which has evolved to cover many national organisations, building a Duke of Edinburgh Awards centre; raising funds for army veterans to visit Normandy, and organising a VE pageant at the Royal Albert Hall.

He spent most of his career in retail pharmacy. He says he feels "bucked and proud", and thanks the people who have worked alongside him helping him achieve so much.

Dennis Higgins, a fellow of the Royal Pharmaceutical Society and owner of Higgins Pharmacy, Surbiton, Surrey, has been made an MBE for services to the community. Mr Higgins qualified in 1954.

Janet Cameron Cabe, principal pharmacist in drug information at Glasgow Royal Infirmary, receives her MBE for services to healthcare.

● Professor Kenneth Calman, the chief medical officer at the Department of Health, has been appointed Knight Commander of the Order of the Bath.

Christine Stephens of P Gamblin Chemist in Gosport, Hampshire, is the latest National Pharmaceutical Association Assistant of the Month Award winner and is pictured receiving her certificate from NPA chairman Wally Dove, with Peter Gamblin. The award is given for success in the Association's manual task sheet training programme

Five retire from Unichem committees

Five members of Unichem's regional committees, which provide a link between the company and its members, have retired.

The five retiring members, who are all independent pharmacists, are Alf Hawkins and Mike Twelvetrees, both from the Letchworth regional committee; Martin Hogg, Newcastle; David Williams, Swansea; and Victor Irvine, Walthamstow.

The new appointments are yet to be announced.

The regional committees were set up over 20 years ago and are made up of Unichem representatives and pharmacists.

The 30th anniversary of the Cardiff branch of the National Association of Women Pharmacists was celebrated with an official dinner attended by over 50 people. Special guests at the top table were (left to right): Linda Stone, past-president of the Royal Pharmaceutical Society; Janine Pike, chairman of the Cardiff branch of NAWP; Ann Lewis, current president of the RPSGB; Marion Rawlings, past-president of RPSGB; and Dr Cherrill Temple, treasurer of Cardiff NAWP

Chairmen appointed for new health authorities in North Thames region

The secretary of state for health has appointed the chairmen for the new health authorities in the North Thames region, with effect from April 1, 1996.

The health authorities will replace the district health authorities and family health services authorities, which are to be abolished. The new authorities will be responsible for the commission of health services in north London, Hertfordshire and Essex.

The new chairmen are: Alex Sexton, North Essex; David Micklem, South Essex; David Morgan, East and North Hertfordshire; Ian Dixon CBE, West Hertfordshire; Clive Myers, Barking and Havering; Peter Brokenshire, Redbridge and Waltham Forest; Brian Blackler, Enfield and Haringey; Fiona Phillips, Barnet; Sandra Edwards, Hillingdon; Sylvia Denham, Camden & Islington; John Detre, Brent & Harrow; Lady Diane Eccles, Ealing, Hammersmith & Hounslow; Professor Frances Heidensohn, East London & The City; and lieutenant general Sir Thomas Boyd-Carpenter, Kensington & Chelsea and Westminster.

COMING EVENTS

TUESDAY, JANUARY 9

Moray & Banff Branch and Highland Branch, RPSGB
Golf View Hotel, Nairn, 8pm. 'Topical Issues' by Andrew Burr.

Lanarkshire Branch, RPSGB
Old Mill Hotel, Motherwell, 8pm. 'The interaction between chiropodist and pharmacist' by Robert Peat, sector chiropodist, Shettleston Health Centre.

Hertford & District Branch, RPSGB
Postgraduate Centre, QEII Hospital, Welwyn Garden City, 7.30 for 8pm. 'Developments in radiography/MRI' by Rebecca Vosper, radiographer.

WEDNESDAY, JANUARY 10

Ayrshire Branch, RPSGB
Piersland House Hotel, Troon, 8pm. 'Pharmacy in a New Age', led by A Strath.

THURSDAY, JANUARY 11

Glasgow & West of Scotland Branch, RPSGB
Room 669, Royal College Building, University of Strathclyde, 7.30 for 8pm. Joint meeting with Scottish Pharmaceutical Federation. 'Facing the media' by Gerry Davis of Gerry Davis Executive Communications.

Sheffield & District Branch, RPSGB
Edale Suite, The Rutland Hotel, 452 Glossop Road, Sheffield, 7.30 for 8pm. 'Current pharmaceutical affairs' by Hemant Patel, community pharmacist and Council member of the Royal Pharmaceutical Society.

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Decongestant with Paracetamol

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- sinus pain
- catarrh

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- Are they pregnant, trying to become pregnant, or breastfeeding?
- Are they diabetic?
- Have they had a recent stroke? (i.e. last three months)
- Do they suffer from skin disease?
- Do they have any unusual or allergic reaction to nicotine?
- Do they have or have they ever had any serious heart disease?
- Do they have angina, is it stable or worsening?
- Do they or have they had liver or kidney problems?
- Do they have a peptic ulcer?
- Do they suffer from an over-active thyroid?
- Do they have high blood pressure, or any blood vessel disorders?
- Do they have a history of chronic nasal disorders?
- Are any other medicines being taken?

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Logado offers 26% success in stopping smoking and 62% in cutting out over half the daily cigarettes.[1] Nicotine patches typically produce only 10-20% success in stopping.[2] To order Logado call 01223 420956 now.

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1. Data on file.
2. Henningfield JE. Nicotine medications for smoking cessation. N Eng J Med. 1995, Vol 333, No 18, 1196-1203.